

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 NOV 22 AM 10:37

DOCUMENT # **L14000182705**

1. Limited Liability Company's Name
PL World Energy LLC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #
8257 SW 157 Ave
Suite, Apt. #, etc. **#103**
City & State **Miami**
Zip **33193** Country **FL**

3. Mailing Office Address
8257 SW 157 Ave.
Suite, Apt. #, etc. **#103**
City & State **Miami**
Zip **33193** Country **FL**

CR2E041 (1/14)

4. State/Country of Formation **FLORIDA**

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number **47-2410295** Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED **\$5.00 Additional Fee required for a certificate of status**

8. Name and Address of Current Registered Agent

Name **PAVEL PUFADAS**

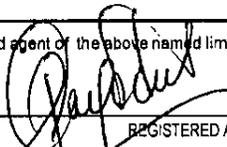
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. **8257 SW 157 Ave. #103**

City **Miami** State **FL** Zip Code **33193**

500292601355
11/22/16--01014--034 **85.00

500292601355
11/22/16--01014--035 **153.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  Date **11/8/2016**

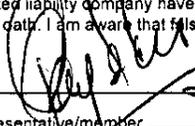
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
	Pavel Pufadas	8257 SW 157 Ave #103 Miami FL	Miami FL / 33193
			S. HAWKES
			NOV 21 AM
			EXAMINER

11. E-mail Address **pp33176 @ AOL.com**
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member  Date **11/8/2016** Daytime Phone # **786 3553739**

Typed or printed name of signing authorized representative/member **PAVEL PUFADAS**