

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 Aug-27 AM 7:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000026941

1. Limited Liability Company's Name

Wolfpaq E-Liquid LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

3812 Treadway dr.

Suite, Apt. #, etc.

City & State

Valrico, FL

Zip
33594

Country
USA

3. Mailing Office Address

3812 Treadway dr.

Suite, Apt. #, etc.

City & State

Valrico, FL

Zip
33594

Country
USA

4. State/Country of Formation

USA

5. Date Organized or Qualified To Do Business in Florida

2/12/2015

6. FEI Number

473104286

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name

Angel Collazo

Street Address (P.O. Box Number is Not Acceptable) Suite,

3812 Treadway Dr.

Apt. #, Etc.

City

Valrico

State
FL

Zip Code
33594

300298558909
04/27/17--01032--032 **238.75

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

REGISTERED AGENT MUST SIGN

Date 04/17/2017

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Angel Collazo	3812 Treadway dr.	Valrico/FL/33594
MGR	Alvin Diaz	2910 e. Clark st.	Tampa/FL/33605
MGR	Katheryn Lance	3812 Treadway Dr.	Valrico/FL/33594

MAY 01 2017

C. CARROTHERS

11. E-mail Address: wolfpaqinc@gmail.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 4/17/2017

Daytime Phone #

8138178011

Typed or printed name of signing authorized representative/member

Angel Collazo