

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L23000227639

1. Limited Liability Company's Name

THE WOLF LIT TECH

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

3611 SW 132ND AVE

Suite, Apt. #, etc.

3. Mailing Office Address

3611 SW 132ND AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33175

Country

USA

Zip

33175

Country

USA

8. Name and Address of Current Registered Agent

Name

DANIEL CAREY

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

3611 SW 132ND AVE

Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/2/24

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
MEMBER	DANIEL CAREY	3611 SW 132 ND AVE	MIAMI FL 33175

11. E-mail Address

DANIEL @ THE WOLF . MIAMI

M. WILLIAMS

(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

[Signature]

Date

2-2-24

Daytime Phone #

914-319-7441

Typed or printed name of signing authorized representative/member

2024 DEC 10 PM 4:16

STATE
SECRET, FL

12/10/24 -- 01030 -- 010

200440884232

12/10/24 01030-010 **243.75

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

1-1-23

6. FEI Number

93-1658704

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a certificate of status

REINSTATEMENT

2024

NOV 10 2024