

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 19 PM 1:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L 99000000397

1. Limited Liability Company's Name

PYRAMID DISPLAYS + PACKAGING, LLC

80.00

7/19

2. Principal Office Address

1060 E. INDUSTRIAL DR.

Suite, Apt. #, etc.

UNIT - 0

City & State

ORANGE CITY, FL

Zip

32763

Country

USA

3. Mailing Office Address

1060 E. INDUSTRIAL DR.

Suite, Apt. #, etc.

UNIT - 0

City & State

ORANGE CITY, FL

Zip

32763

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

1-25-99

6. FEI Number

58-3564000

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

MAGDALENA MATOS

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

1060 E. INDUSTRIAL DR.

Suite, Apt. #, Etc.

UNIT - 0

City

ORANGE CITY

800039189608

07/15/04--01055--002 **350.00

State

FL

Zip Code

32763

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Magdalena Matos
REGISTERED AGENT MUST SIGN

Date 7-13-04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MAGDALENA MATOS	1464 HOWLAND BLVD.	DELTONA, FL 32738
MGR	PEDRO A. ORTIZ	1464 HOWLAND BLVD.	DELTONA, FL 32738

REINSTATEMENT 2001-2002
2003-2004

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

Magdalena Matos

Date 7-13-04

Daytime Phone # 386-717-5571

Typed or printed name of signing Managing Member/Manager

MAGDALENA MATOS