

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

800039189608

7/19

DOCUMENT # L 99000000397

1. Limited Liability Company's Name
PYRAMID DISPLAYS + PACKAGING, LLC

2. Principal Office Address
1060 E. INDUSTRIAL DR.

Suite, Apt. #, etc.
UNIT - 0

City & State
ORANGE CITY, FL

Zip Country
32763 USA

3. Mailing Office Address
1060 E. INDUSTRIAL DR.

Suite, Apt. #, etc.
UNIT - 0

City & State
ORANGE CITY, FL

Zip Country
32763 USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida
1-25-99

6. FEI Number
59-3564000

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 Zip Code
FL 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 Date 7-13-04
REGISTERED AGENT MUST SIGN

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

CR2E041 (10/02)