

PLEASE PRINT NAME OF LIMITED LIABILITY COMPANY BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB 23 PM 1:59

DOCUMENT # L99000005639

1. Limited Liability Company's Name

TWENTY FIRST CENTURY PLASTICS, LLC

600003782036--6  
-02/27/01--01033--005  
\*\*\*\*200.00 \*\*\*\*200.00

2. Principal Office Address

16267 Mariposa Cir, S

Suite, Apt. #, etc.

City & State

Ft. LAUDERDALE, FL

Zip

33331

Country

USA

3. Mailing Office Address

16267 Mariposa Cir., S

Suite, Apt. #, etc.

City & State

Ft. LAUDERDALE, FL

Zip

33331

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

9/8/99

6. FEI Number

65-0950800

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

BERT + ASSOCIATES, INC.

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

1860 N. Pine Island Rd, ~~81110~~ 109

Suite, Apt. #, Etc.

Suite 109

City

PLANTATION

State

FL

Zip Code

33322

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

*[Signature]*

Date 2/15/01

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.	Randy Pedersen	16267 Mariposa Circle, S Ft. Lauderdale, FL 33331	

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

*[Signature]*

Date 2/19/01

Daytime Phone # (954) 252-9944

Typed or printed name of signing Managing Member/Manager

Randy Pedersen, Manager