

PLEASE READ ALL INSTRUCTIONS 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 APR 12 PM 2:42

DOCUMENT # **L99-7074 9/29/00**

1. Limited Liability Company's Name

WP&A INTERNATIONAL, L.L.C.

2. Principal Office Address

3. Mailing Office Address

4970 SW 52ND STREET

4970 SW 52ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

304

304

City & State

City & State

DAVIE, FLORIDA

DAVIE, FLORIDA

Zip

Country

Zip

Country

33314

U.S.A

33314

U.S.A

4. State/Country of Formation

FLORIDA / U.S.A

5. Date Organized or Qualified
To Do Business in Florida

10/26/99

6. FEI Number

65-0957588

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

ANDREW CUENAS, ESQ.

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

536 BILTMORE WAY

300004014263-8

-04/17/01 -01105-011

Suite, Apt. #, Etc.

******200.00 ****200.00**

City

CORAL GABLES

State

FL

Zip Code

33134

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

Andrew Cuenas

Date

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	WINSTON DE JESUS PEREZ PARRA	4970 SW 52ND STREET SUITE 304	DAVIE, FL 33314
MGR	LEONORA ANASTRIA GARDENAS DE PEREZ	4970 SW 52ND STREET SUITE 304	DAVIE, FL 33314
MGR	JUAN JOSE PEREZ	4970 SW 52ND STREET SUITE 304	DAVIE, FL 33314

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

Winston Perero

Date

April 2nd, 2001

Daytime Phone #

(954) 585-2335

Typed or printed name of signing Managing Member/Manager

WINSTON PERERO

CR2E041 (9/00)