

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 APR 21 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L99000007074**

1. Limited Liability Company's Name

WP&A INTERNATIONAL L.L.C.

600034552056

04/29/04--01018--004 \*\*205.00

2. Principal Office Address

4243 NW 107 AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#137

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip

33178

Country

USA

Zip

Country

4. State/Country of Formation

USA

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 ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ALTUVE GILBERTO

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

8207 NW 68 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

Date 04/20/04

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
MGRM	PEROZO-PARRA, WINSTON DE JES	4243 NW 107 AVE #137	MIAMI FL 33178
MGRM	PEROZO, JUAN JOSE	4243 NW 107 AVE #137	MIAMI FL 33178
MGRM	DE PEROZO, LEONORA A. CAR	4243 NW 107 AVE #137	MIAMI FL 33178

**REINSTATEMENT**

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

Date 04/20/04

Daytime Phone# 786-443 6707

Typed or printed name of signing Managing Member/Manager

PEROZO LEONORA

CR20041 (10/02)