FILE No.501 01/28 '04 11:52 ID:BILZIN SUMBERG FAX: PAGE 2/ 2

L01000003033

APPROVED AND FILED

04 JAN 29 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000003033

Mailing Address

0016946 01 MB 0.309 **AUTO H2 0 0615 92037-102560

PLC HOLDINGS II, L.C.
3366 NORTH TORREY PINES COURT
SUITE 210
LA JOLLA CA 92037-1025

REINSTATEMENT 2003-2004

New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 02/27/2001

Principal Place of Business:
3366 NORTH TORREY PINES COURT
SUITE 210
LA JOLLA CA 92037

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 75-3041704 Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

Name and Address of Current Registered Agent

LODISH, ALVIN D P.A.
200 SOUTH BISCAYNE BOULEVARD, SUITE 2500
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Not Acceptable)

City FL Zip Code

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 REQUIRED By: Alvin D Lodish, President
REGISTERED AGENT MUST SIGN

Date 1/22/04

Name and Street Addresses of Each Managing Member/Manager

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	POTIKER, LOWELL	3366 N. TORREY PINES COURT, SUITE 210	LA JOLLA CA 92037
MGR	POTIKER, BRIAN	1500 STONE CANYON ROAD	LOS ANGELES CA 90077

400025337564
12/09/03--01010--021 **150.00

JB 1/29/04

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 REQUIRED Date 1/22/04 Daytime Phone #

Typed or Printed Name of Signing Managing Member/Manager

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Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0383

From: 14144
Account Name : BILZIN, SUMBERG BAENA PRICE & AXELROD LLP.
Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (305)350-2446

LIMITED LIABILITY REINSTATEMENT

PLC HOLDINGS II, L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$200.00~~ $150.00

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