PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 JUN 8 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800154582788
05/01/09--01002--008 **516.25

CR2E041 (10/08)

DOCUMENT # L04000017899

1. Limited Liability Company's Name

P & L INVESTMENT, LLC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2250 NW 95th Avenue		2250 NW 95th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Doral, Florida		Doral, Florida	
Zip	Country	Zip	Country
33172	USA	33172	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
03/08/2004

6. FEI Number
20-1241373
☐ 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
CMS INTERNATIONAL ENTERPRISES, INC.

Street Address (P.O. Box Number is Not Acceptable)
2250 NW 95TH AVE

Suite, Apt. #, Etc.

City: DORAL, State: FL Zip Code: 33172

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 4/24/09
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	PETER A. PENA	2250 NW 95th Avenue	Doral, FL 33172
MGRM	LORRAINE M. PENA	2250 NW 95th Avenue	Doral, FL 33172
		S. HAWKES	S. HAWKES
	REINSTATEMENT 2007-09	JUN 9 - 2009	
		EXAMINER	EXAMINER

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 X Lorraine M Pena Date 4/28/09 Daytime Phone # 786-367-4354

Typed or printed name of signing Managing Member/Manager LORRAINE M. PENA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2009

P & L INVESTMENT LLC
2250 NW 95TH AVE
DORAL, FL 33172

SUBJECT: P & L INVESTMENT, LLC.
Ref. Number: L04000017899

We have received your document for P & L INVESTMENT, LLC. and your check(s) totaling $516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 209A00015794