

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 12 AM 10:21

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000074803**

1. Limited Liability Company's Name

The Profit Center, LLC

500155762055
05/11/09 01033 005 **\$16.25

CR2E041 (10/06)

2. Principal Office Address - No P.O. Box If

3801 PGA Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

3801 PGA Blvd

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida

10/14/2004

6. FEI Number

801757773

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 **Peter V. De Sanctis**

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

3801 PGA Blvd

Suite, Apt. #, Etc.

Suite 806

City **Palm Beach Gardens**

State

FL

Zip Code

33410

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/5/09

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Member	MDW, LLC	15430 Endeavour Dr	Jupiter, FL 33478
Member	The Marshwood Gp, LLC	386 Walker Road	Waynesville, NC 28786

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 attributed, the limited liability company name satisfies the requirements of section 608.106, 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

5/6/09

Daytime Phone #

5615158555

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT 2007-2009

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