

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB 27 AM 9:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000036988

1. Limited Liability Company's Name

Cityscape PDC, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
333 N.E. 2nd Street

Suite, Apt. #, etc.

3. Mailing Office Address
333 N.E. 2nd Street

Suite, Apt. #, etc.

City & State
Delray Beach, FL

City & State
Delray Beach, FL

Zip Country
33483 USA

Zip Country
33483 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
04/14/2005

6. FEI Number
043812113

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
Lennie F. Smith

Street Address (P.O. Box Number is Not Acceptable)
333 N.E. 2nd Street

Suite, Apt. #, Etc.

City
Delray Beach

State Zip Code
FL 33483

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 Lennie F. Smith
REGISTERED AGENT MUST SIGN

Date 02/16/2009

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	Scott Porten	333 N.E. 2nd Street	Delray Beach, FL 33483
MGRM	Porten Development Corp	333 N.E. 2nd Street	Delray Beach, FL 33483
			800143807398 02/17/09--01038--006 **138.75
			800143807398 02/26/09--01015--017 **34.00
			REINSTATEMENT 08, 09 02/10/09--01036--012 **105.00

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 Scott Porten Date 02/16/2009 Daytime Phone # 561-819-1109

Typed or printed name of signing Managing Member/Manager Scott Porten