

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 MAY 21 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000074255**

1. Limited Liability Company's Name

150 MIAMI ASSOCIATES MANAGEMENT LLC

500177673285
04/26/10--01005--017 **555.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
150 SE 3RD AVE
Suite, Apt. #, etc.

City & State
MIAMI FL

Zip Country
33131

3. Mailing Office Address
1776 North Pine Island Rd
Suite, Apt. #, etc.
Suite 311

City & State
PLANTATION FL

Zip Country
33322

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
7/2005

6. FEI Number
25-1922441

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

8. Name and Address of Current Registered Agent

Name
DANIEL ROTHSCHILD
Street Address (P.O. Box Number is Not Acceptable)
1776 North Pine Island Road
Suite, Apt. #, Etc.
Suite 311
City State Zip Code
Plantation FL 33322

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]** Date **4/22/10**
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 |
|--------|-----------------------------------|--|-----------------------|
| MGR/M | FLORIDA PMC LLC | 1411 WALNUT STREET | Philadelphia PA 19102 |
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REINSTATEMENT 07/10 AL

11. E-mail Address: **DANIEL ROTHSCHILD@PMCPROPERTYGROUP.COM**
(To be used for future annual report notifications)

12. 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]** Date **4/22/10** Daytime Phone # **954-332-5777**

Typed or printed name of signing Managing Member/Manager