

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JAN 22 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L97000001322**

1. Limited Liability Company's Name

**P.S. S.S. Enterprises, LLC**

2. Principal Office Address

**530 PARK AVENUE**

Suite, Apt. #, etc.

**6E**

City & State

**NEW YORK, NY**

Zip

**10021**

Country

**U.S.A.**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**JAN. 1995**

6. FEI Number

**13-39922062**

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 Schwab**

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

**200 PARK AVENUE**

**9341**

**COLLINS AVENUE**

Suite, Apt. #, Etc.

**991**

City

**MANHATTAN**

**SUNFISIDE**

State

**FL**

Zip Code

**32154**

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

**Peter Schwab**

Date **DEC. 2, 2001**

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
PRES	Peter Schwab	530 PARK AVENUE	NY, NY 10021

**REINSTATEMENT 2001**

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 Peter Schwab**

Date

**1/4/02**

Daytime Phone #

**212-751-5884**

Typed or printed name of signing Managing Member/Manager