

L97000001322

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
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LIMITED LIABILITY REINSTATEMENT

P.S.J.S. ENTERPRISES, LLC

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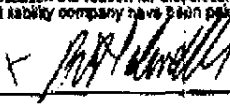
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 02 DEC 20 PM 3:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L97000001322 1. Limited Liability Company's Name P.S.J.S. ENTERPRISES, LLC					
2. Principal Office Address 530 PARK AVENUE, 6E Suite, Apt. #, etc.		3. Mailing Office Address 530 PARK AVENUE, 6E Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA	
City & State NEW YORK, NEW YORK		City & State NEW YORK, NEW YORK		5. Date Organized or Qualified To Do Business in Florida NOVEMBER 24, 1997	
Zip 10021	Country USA	Zip 10021	Country USA	6. FEI Number 133992266	
				Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐					
8. Name and Address of Current Registered Agent					
Name PETER SCHWALBE					
Street Address (P.O. Box Number is Not Acceptable) 9341 COLLINS AVENUE, #901					
Suite, Apt. #, Etc.					
City SURFSIDE				State FL	Zip Code 33156
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.					
Signature of Registered Agent  Date _____ REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Member/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip		
MGR	PETER SCHWALBE	530 PARK AVENUE	NEW YORK, NEW YORK 10021		
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, 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 602.405, 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  Date 12/10/21 Daytime Phone # (212) 679-5420					
Typed or printed name of signing Managing Member/Manager PETER SCHWALBE					

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