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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (305)672-0686
Fax Number : (305)672-9110

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

P.S.J.S. ENTERPRISES, LLC

RECEIVED
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DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000001322

1. Limited Liability Company's Name
P.S.J.S. ENTERPRISES, LLC

2. Principal Office Address		3. Mailing Office Address	
530 PARK AVENUE, 6E		530 PARK AVENUE, 6E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
NEW YORK, NEW YORK		NEW YORK, NEW YORK	
Zip	Country	Zip	Country
10021	USA	10021	USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: NOVEMBER 24, 1997

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: 33154

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:
REGISTERED AGENT MUST SIGN

CR2E043 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	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 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 608.405, 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: [signature] Date: 12/10/02 Daytime Phone #: (212) 759-5420

Typed or printed name of signing Managing Member/Manager: PETER SCHWALBE

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