

FILED
 98 MAR 12 PM 4:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # Z00533**

P.L. Associates, L.C.
 2100 Ponce De Leon Blvd.
 Suite 1170
 Coral Gables, Fl 33134

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

000002459130--7
 -03/17/98--01037--001
 *****703.75 *****703.75

000002459130--7
 -03/17/98--01037--002
 *****703.75 *****703.75

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Organized or Qualified in State of Formation

4. FEI Number Applied For Not Applicable

5. Date of Last Report

6. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Alonso-Poch, Manuel
 2100 Ponce De Leon Blvd.
 Suite 1170
 Coral Gables, Fl 33134

8. Name and Address of New Registered Agent

Name: Sweeny, Allen
 Street Address (P.O. Box Number Is Not Acceptable): 2000 S. Bayshore Drive
 Suite, Apt. #, etc.

City: Miami Zip Code: FL 33133

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]* M. ALONSO-POCH Registered Agent Date: 9/5/97.

| 10. Title | Managing Members/Managers | Business Street Address | City, State & Zip Code |
|-----------|---------------------------|-------------------------|------------------------|
| M | Sweeny, Allen | 2000 S. Bayshore Dr. | Miami, Fl 33133 |
| M | Mautone, Lou | 2000 S. Bayshore Dr. | Miami, Fl 33133 |
| M | Alonso-Poch, Manuel | 2000 S. Bayshore Dr. | Miami, Fl 33133 |

REINSTATEMENT 97-98
 OR 3-13

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: *Allen Sweeny* Date: Nov. 5, 1997 Daytime Phone #: 305-854-5601

Typed or printed name of signing Managing Member/Manager