Z00533

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 29 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Z00533

1. Limited Liability Company's Name

P.L. Associates, L.C.

10/14/99

2. Principal Office Address	3. Mailing Office Address
2100 Ponce de Leon Blvd.	
Suite, Apt. #, etc: Suite 1170	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State
Zip: 33139 Country: USA	Zip Country

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 2/19/96

6. FEI Number: 65-0322054 ☐ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent

Name: Allen Sweeny — Allen Sweeny

Street Address (P.O. Box Number is Not Acceptable): 2000 S. Bayshore Drive

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 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: Allen Sweeny — REGISTERED AGENT MUST SIGN — Date: 4/27/04

CR2E041 (10-02)

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
MGRM	Allen Sweeny	2000 S. Bayshore Drive	Miami, FL 33133
MGRM	Lou Mautone	2000 S. Bayshore Drive	Miami, FL 33133
MGRM	Manuel Alonso-Poch	2100 Ponce de Leon Blvd #1170	Coral Gables, FL 33134
	REINSTATEMENT 1999-2004		200034622392

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: 4/27/04 — Daytime Phone #: 854-5601

Typed or printed name of signing Managing Member/Manager: Allen Sweeny

CSC.

CORPORATION SERVICE COMPANY

Z00533

ACCOUNT NO. : 072100000032

REFERENCE : 598002 7431658

AUTHORIZATION : Patricia Pyjet

COST LIMIT : $ 405.00

ORDER DATE : April 28, 2004

ORDER TIME : 4:20 PM

ORDER NO. : 598002-005

CUSTOMER NO: 7431658

CUSTOMER: Ms. Samantha Campolo
The Comras Company
Suite 9f
407 Lincoln Road
Miami Beach, FL 33139

FILED
04 APR 29 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: P.L. ASSOCIATES, L.C.

RECEIVED
04 APR 29 AM 8:36
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS _____