

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

F I L L L
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 20 AM 10:47

DOCUMENT # Z00533

1. Limited Liability Company's Name
P.L. Associates, L.C

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 3138 COMMODORE PLAZA		3. Mailing Office Address same	
Suite, Apt. #, etc. 318		Suite, Apt. #, etc. same	
City & State MIAMI FL.		City & State same	
Zip 33133	Country USA.	Zip same	Country same

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 65-0322054	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
MANUEL ALONSO POCH.

Street Address (P.O. Box Number is Not Acceptable)
3138 Commodore Plaza Ste 318

Suite, Apt. #, Etc.
-

City
MIAMI

State
FL

Zip Code
33133

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Date 7/17/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			500106641475
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
Mgr.	Downa Sweeney	3138 Commodore Plaza 318	MIAMI, Fla 33133
Mgr.	MANUEL ALONSO-POCH.	3520 Rockerman Rd	MIAMI, Fla. 33133
Mgr.	Lou Moutone	610 FOREST AVENUE	PALO ALTO Ca. 94301
	FF \$150		
	RF 100		
		REINSTATEMENT	BLT
			2005-2007

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 Date 7/18/07 Daytime Phone 305 205-2933

Typed or printed name of signing Managing Member/Manager _____