

11/01/2004 11:23 FAX 305 358 5744

WHITE & CASE

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Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : WHITE & CASE
Account Number : 075410002143
Phone : (305)371-2700
Fax Number : (305)358-5744

LIMITED LIABILITY REINSTATEMENT

PBI/ACK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$150.00

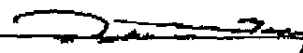
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000016370			
1. Limited Liability Company's Name PBI/ACK, LLC			
2. Principal Office Address c/o White & Case LLP Suite, Apt. #, etc. 200 S. Biscayne Blvd. #4900 City & State Miami, FL Zip 33131		3. Mailing Office Address c/o White & Case LLP Suite, Apt. #, etc. 200 S. Biscayne Blvd. #4900 City & State Miami, FL Zip 33131	
Country USA		Country USA	
4. State/Country of Formation Florida, USA			
5. Date Organized or Qualified To Do Business in Florida June 28, 2002			
6. FEI Number ☐ Applied For ☒ Not Applicable			
7. CERTIFICATE OF STATUS DESIRED ☐			
8. Name and Address of Current Registered Agent Name Edward E. Sawyer Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Boulevard Suite, Apt. #, etc. Suite 4900 City Miami			
State FL		Zip Code 33131	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent  Date NOV. 1, 2004 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip
MGRM	John Gay	227 Australian Avenue	Palm Beach, FL 33480
REINSTATEMENT 2004			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 806.406, 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 Nov. 1/04 Daytime Phone # 661-832-8510			
Type or printed name of signing Managing Member/Manager John Gay			

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