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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

PBI/ACK, LLC

Certificate of Status	0
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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	3. Mailing Office Address
c/o White & Case LLP	c/o White & Case LLP
Suite, Apt. #, etc. 200 S. Biscayne Blvd. #4900	Suite, Apt. #, etc. 200 S. Biscayne Blvd. #4900
City & State Miami, FL	City & State Miami, FL
Zip 33131 / Country USA	Zip 33131 / 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 608, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN | Date: Nov. 1, 2004

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
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 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 608.408, F.S., and that all fees owed by the limited liability company have been paid. This 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 # 561-832-8510

Typed or printed name of signing Managing Member/Manager: John Gay