

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
06 SEP 12 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000049446  
1. Limited Liability Company's Name  
PPL INVESTMENT GROUP L.L.C.

CR2E041 (8/05)

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida  
October 1, 2004

6. FEI Number  
20-4765694

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

2. Principal Office Address  
2600 Douglas Road  
Suite 802  
Coral Gables  
Zip 33134 Country USA

3. Mailing Office Address  
2600 Douglas Road  
Suite 802  
Coral Gables  
Zip 33134 Country USA

8. Name and Address of Current Registered Agent

Name  
Valentin Lopez

Street Address (P.O. Box Number is Not Acceptable)  
2600 Douglas Road

Suite, Apt. #, Etc.  
Suite 802

City  
Coral Gables

State  
FL

Zip Code  
33134

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 Valentin Lopez Date September 7, 2006

REGISTERED AGENT MUST SIGN

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	Valentin Lopez	2600 Douglas Road, Suite 802	Coral Gables, Florida 33134
MERM	Martiniano J. Perez	4000 Ponce de Leon Blvd. # 650	Coral Gables, FL 33146
			500079824035 09/14/06--01035--020 **150.00
			<b>REINSTATEMENT 2004-2006</b>
			500079824035 09/14/06--01035--021 **100.00

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 Valentin Lopez Date 9/7/2006 Daytime Phone # 305-444-6030

Typed or printed name of signing Managing Member/Manager Valentin Lopez