PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 14 AM 10:27

DOCUMENT # L05000042473

1. Limited Liability Company's Name
P.C. 975, LLC

~~L08-43928~~

CR2E041 (12/07)

09/16/08 01040 008 $450.00

2. Principal Office Address - No P.O. Box #
9100 S. Dadeland Blvd

Suite, Apt. #, etc.
Ste 912

City & State
Miami, FL.

Zip: 33156 Country: U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation
4-29-05 Florida

5. Date Organized or Qualified To Do Business in Florida
4-29-05

6. FEI Number ☑ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent

Name
Aurelio A. Piedra

Street Address (P.O. Box Number is Not Acceptable)
9100 S. Dadeland Blvd Ste 912

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33156

☑ 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 9-10-08

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
D	Maria A. Trezza	11223 NW 75 LN	Doral, FL. 33178
	FF $416.25		
		REINSTATEMENT	
			06-08

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 Maria A. Trezza Date 9/10/08 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____