

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
DIVISION OF CORPORATIONS
10 MAY 11 PM 4:54

DOCUMENT # L07000082738

1. Limited Liability Company's Name

PBRI, LLC

PK

09

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

12006 N. EDGEWATER DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

12006 N. EDGEWATER DRIVE

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

Zip

Country

33410

Palm Beach

City & State

PALM BEACH GARDENS, FL

Zip

Country

33410

Palm Beach

4. State/Country of Formation

Florida/Palm Beach County

5. Date Organized or Qualified
To Do Business in Florida

8/10/2007

6. FEI Number

260682511

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

PETER R. RAY

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

712 U.S. HIGHWAY ONE, STE 400

Suite, Apt. #, Etc.

STE 400

City

NORTH PALM BEACH

State

FL

Zip Code

33408

☐ 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

REGISTERED AGENT MUST SIGN

Date 5/3/10

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
MGR	DALY, TERRANCE J.	12006 N. Edgewater Drive	Palm Beach Gardens, FL 33410
MGRM	M'RABET, MOHAMMED	12006 N. Edgewater Drive	Palm Beach Gardens, FL 33410

REINSTATEMENT

2009-2010

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11. E-mail Address lkl@fcohenlaw.com

(To be used for future annual report notifications)

12. 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 5/3/10

Daytime Phone # 561 799 06 24

Typed or printed name of signing Managing Member/Manager