


2005 AR PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY <del>REINSTATEMENT</del>		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 JAN 14 AM 8:27	
DOCUMENT # <u>L00000001904</u>					
1. Limited Liability Company's Name <u>PCS MCT GROUP LLC</u>					
2. Principal Office Address <u>2506 BAYSHORE DR</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>2506 BAYSHORE DR</u> Suite, Apt. #, etc.		4. State/Country of Formation <u>FL</u>	
City & State <u>BELLEAIR BEACH FL</u>		City & State <u>BELLEAIR BEACH FL</u>		5. Date Organized or Qualified To Do Business in Florida <u>2/2000</u>	
Zip <u>33786</u>	Country <u>USA</u>	Zip <u>33786</u>	Country <u>USA</u>	6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name <u>Philip BENDER</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>2506 BAYSHORE DR</u>					
Suite, Apt. #, Etc. <u>700044800037</u> <u>01/14/05-01052-001 **50.00</u>					
City <u>BELLEAIR BEACH</u>				State <u>FL</u>	Zip Code <u>33786</u>
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 _____					
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	
<u>Partner</u>	<u>CAROLEE BENDER</u>	<u>2506 BAYSHORE DR</u>		<u>BELLEAIR BEACH, FL 33786</u>	
<u>Partner</u>	<u>Philip BENDER</u>	<u>2506 BAYSHORE DR</u>		<u>BELLEAIR BEACH, FL 33786</u>	
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 <u>Philip Bender</u> Date <u>1/11/05</u> Daytime Phone # <u>7275179576</u>					
Typed or printed name of signing Managing Member/Manager <u>Philip BENDER</u>					

CR2E041 (10/02)