

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JAN 22 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000013699**

1. Limited Liability Company's Name

**PBSA Investments LLC**

9/28/01

1/22

2001-2002

MJH

2. Principal Office Address

**4665 S. Congress Ave**

3. Mailing Office Address

**same**

Suite, Apt. #, etc.

**Suite 100**

Suite, Apt. #, etc.

City & State

**Lake Worth, FL**

City & State

Zip

**33461**

Country

Zip

Country

4. State/Country of Formation

**Florida / USA**

5. Date Organized or Qualified  
To Do Business in Florida

**Oct. 2001**

6. FEI Number

**65-1061958**

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

**Fred L. Simon MD**

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

**4665 S. Congress Ave.**

Suite, Apt. #, Etc.

City

**Lake Worth**

State  
**FL**

Zip Code

**33461**

**600004833176-7**  
**-01/29/02--01031--002**  
**\*\*\*\*200.00 \*\*\*\*200.00**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **1/10/02**

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	Fred L. Simon MD	4665 S. Congress Ave.	Lake Worth, FL 33409
MGR	Jack Zeltzer MD	" " "	" " "
MGR	Douglas Watson MD	" " "	" " "
MGR	John Kearney MD	" " "	" " "
MGR	Steven Goff MD	" " "	" " "
MGR	A. Mariano Ibarro MD	" " "	" " "

**REINSTATEMENT**

2001-2002

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

*[Signature]*

Date **12/6/01**

Daytime Phone # **561-964-2211**

Typed or printed name of signing Managing Member/Manager **Fred Simon MD**

CR2E041 (9/01)