


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 16 AM 9:39

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000001828

1. Limited Liability Company's Name
PGR LLC

2. Principal Office Address
5880 WEST SAMPLE RD

3. Mailing Office Address
5880 WEST SAMPLE RD

Suite, Apt. #, etc.
307

City & State
CORAL SPRINGS FL

Zip
33067

Country
BROWARD

CR2E041 (8/05)

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
06/2002

6. FEEL Number
59-3704659

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
JEAN DUCHETELIER

Street Address (P.O. Box Number is Not Acceptable)
5880 WEST SAMPLE RD

Suite, Apt. #, Etc.
307

City
CORAL SPRINGS

State
FL

Zip Code
33067

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 *Jean Duchetel* Date 06/07/2006

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
P	JEAN DUCHETELIER	5880 WEST SAMPLE RD	CORAL SPRINGS FL 33067
V	REGINA THEODORE	2590 REVERSIDE DR	CORAL SPRINGS FL 33065

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 *Jean Duchetel* Date 06/07/2006 Daytime Phone # 954-444-8352

Typed or printed name of signing Managing Member/Manager

100076535781
06/23/06--01058--006 **350.00
REINSTATEMENT 02-06