

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

L01000019903

SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 10 PM 30

3/4/20

1. DOCUMENT # L01000019903

Name and Mailing Address

0003738 01 FP 0.352 **PRSR T2 0 0615 33401-413301
PRDM, LLC
401 N. ROSEMARY STREET
WEST PALM BEACH FL 33401-4133



REINSTATEMENT 2002-2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 401 N ROSEMARY STREET WEST PALM BEACH FL 33401		5. Date Organized or Qualified To Do Business in Florida 11/16/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1156386 Applied For Not Applicable	
8. Name and Address of Current Registered Agent GOLDSTEIN, GARY A 401 N. ROSEMARY STREET WEST PALM BEACH FL 33401		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500014326945 03/18/03--01066--006 **200.00 City FL Zip Code			
10. 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 <u>Gary Goldstein</u> Date <u>3/10/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	R. D. Pollock	401 N. Rosemary Ave	WEST PALM BCH FL 33401
MGR	William Brooks	401 N. Rosemary Ave	WEST PALM BCH FL 33401
REINSTATEMENT		2002-2003	

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 [Signature] Date 3/10/03 Daytime Phone # 561-822-1859