

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR -6 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000001422

1. Limited Liability Company's Name

PZ RE HOLDINGS, LLC

2. Principal Office Address - No P.O. Box #
9829 S.W. 62 STREET

Suite, Apt. #, etc.

City & State
PINECREST, FLORIDA

Zip
33156

Country
DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
FLORIDA/DADE

5. Date Organized or Qualified
To Do Business in Florida **JAN 18, 2002**

6. FEI Number
03-0424229

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
MARTINIANO J. PEREZ

Street Address (P.O. Box Number is Not Acceptable)
9829 S.W. 62 STREET

Suite, Apt. #, Etc.

City
PINECREST

State
FL

Zip Code
33156

☒ 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 /s/ MARTINIANO J. PEREZ

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
MM	MARTINIANO J. PEREZ	9829 S.W. 62 STREET	PINECREST, FLORIDA
			600092353516 03/13/07--01021--015 **200.00

REINSTATEMENT 2004-2007

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 MJP

Date 3/5/7

Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager _____

L02000001422

March 5, 2007

Florida Department of State
Via USPS

RE: L02000001422

To Whom It May Concern;

I am writing this letter to ask you not to penalize me because I never received any notification that this company would expire for the years 2005, 2006, 2007.

If you have any questions regarding this matter, please contact me at my new address of 9829 SW 62 Street, Pinecrest, Fl 33156.

Thanking you in advance for your cooperation.

Martiniano Perez

PK

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TALLAHASSEE, FLORIDA