

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 2004 8:00 A.M.
Secretary of State

DOCUMENT # L02000004791

1. Limited Liability Company's Name

PW III, LLC

300035442173
05/05/04--01015--030 **200.00

2. Principal Office Address

1815 GRIFFIN ROAD

Suite, Apt. #, etc.

SUITE 301

City & State

DANIA BEACH

Zip

FL

Country

33004

3. Mailing Office Address

1815 GRIFFIN ROAD

Suite, Apt. #, etc.

SUITE 301

City & State

DANIA BEACH

Zip

FL

Country

33004

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

2/28/2002

6. FEI Number

42-1544889

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

PETER WOLOFSKY

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

6017 LE LAC ROAD

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

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

4/22/04

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>MMRM</u>	<u>PETER WOLOFSKY</u>	<u>6017 LE LAC RD</u>	<u>BOCA RATON, FL 33496</u>

REINSTATEMENT 2003-04

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

4/22/04

Daytime Phone #

954-925-2990

Typed or printed name of signing Managing Member/Manager

PETER WOLOFSKY

\$200.00