

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JAN 25 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

**DOCUMENT # L02000005279**

**1. Limited Liability Company's Name**

P.B. Real Estate Partners, LLC

**2. Principal Office Address - No P.O. Box #**

4055 N.W. 97th Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33178

Country

USA

**3. Mailing Office Address**

4055 N.W. 97th Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33178

Country

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified**

To Do Business in Florida 04/18/03

**6. FEI Number**

75-3057874

☐ 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

Frederick C. P'Pool

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

4055 N.W. 97th Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

☒ 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

*Frederick C. P'Pool*

REGISTERED AGENT MUST SIGN

Date 01/02/2008

**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	Frederick C. P'Pool	4055 N.W. 97th Ave.	Miami, FL 33178

REINSTATEMENT 06-08

200113612902  
01/03/08--01034--014 \*\*297.50

200113612902  
01/30/08--01032--003 \*\*118.75

**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

*Frederick C. P'Pool*

Date 01/02/2008

Daytime Phone # 305-594-0735

Typed or printed name of signing Managing Member/Manager