

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 16 AM 8:53

DOCUMENT # L02000006788

1. Limited Liability Company's Name

P & C Mystic Point 500-1105, LLC

AS

REINSTATEMENT 03-05

2. Principal Office Address

3530 Mystic Pointe Drive

Suite, Apt. #, etc.

1105

City & State

Aventura, Florida

Zip

33180

Country

USA

3. Mailing Office Address

3530 Mystic Pointe Drive

Suite, Apt. #, etc.

1105

City & State

Aventura, Florida

Zip

33180

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 03/21/2002

6. FEI Number

20 2472 472

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

Klein, Carole

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

3530 Mystic Pointe Drive

Suite, Apt. #, Etc.

1105

City

Aventura

State

FL

Zip Code

33180

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

C. Klein
REGISTERED AGENT MUST SIGN

Date

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
MGR	Klein, Carole	3530 Mystic Pointe Drive # 1105	Aventura, FL 33180
MGR	About, Philippe	3530 Mystic Pointe Drive # 1105	Aventura, FL 33180

300048983153
03/23/05--01012--010 **250.00

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

C. Klein

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)