
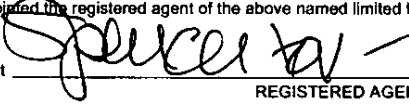
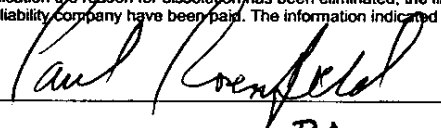


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000019233			
1. Limited Liability Company's Name PDR, LLC			
2. Principal Office Address 10005 NW 58 STREET		3. Mailing Office Address 10005 NW 58 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33178	Country USA	Zip 33178	Country USA
4. State/Country of Formation FL/USA		5. Date Organized or Qualified To Do Business in Florida 7/30/2002	
6. FEI Number 33-1053658		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name ROSSZ FIU CORPORATION COHEN, FOX P.A.			
Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD.			
Suite, Apt. #, Etc. SUITE 850			
City MIAMI		State FL	
Zip 33131		Zip Code 33131	
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 		Date 1/19/06	
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
Mgr.	PAUL ROSENFELD	10005 NW 58 STREET	DORAL, FL 33178
REINSTATEMENT 2004-2006			
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 		Date 11/1/05	
Typed or printed name of signing Managing Member/Manager PAUL ROSENFELD		Daytime Phone # 305-592-0076	