


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 DEC 21 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # L02000021816

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1. Limited Liability Company's Name
PWPB, LLC

2. Principal Office Address 1815 Griffin Road		3. Mailing Office Address 6017 LeLac Road	
Suite, Apt. #, etc. 301		Suite, Apt. #, etc.	
City & State Dania Beach, FL		City & State Boca Raton, FL	
Zip 33004	Country broward	Zip 33496	Country Palm Beach

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 8/21/2002	
6. FEI Number	Applied For <input checked="" 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: **Sidney Adler**


Street Address (P.O. Box Number is Not Acceptable): **19763 Boca Greens Drive**

Suite, Apt. #, Etc.

City: **Boca Raton** State: **FL** Zip Code: **33498**

100042558051
12/21/04--01052--003 **200.00
\$200.00

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: **12/13/04**

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	Peter Wolofsky	6017 LeLac Road	Boca Raton, FL 33496
REINSTATEMENT 03-04			

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:  Date: **12/14/04** Daytime Phone#: **954-925-2990**

Typed or printed name of signing Managing Member/Manager: **PETER WOLOFSKY**

CR2E041 (10/02)