

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -6 PM 2:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000024356

1. Limited Liability Company's Name

Pembroke Road Properties, LLC

2. Principal Office Address

3250 Corporate Way

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33025

Country

USA

3. Mailing Office Address

c/o 2200 N. Commerce Pkwy

Suite, Apt. #, etc.

Suite 202

City & State

Weston, FL

Zip

33326

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 9/18/2002

6. FEI Number 592291970

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

Mark S. Feluren

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

2200 N. Commerce Parkway

Suite, Apt. #, Etc.

Suite 202

City

Weston

State

FL

Zip Code

33326

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

REGISTERED AGENT MUST SIGN

Date

12-17-04

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
MGRM	Richard Mirande	3250 Corporate Way	Miramar, FL 33025
MGRM	Charles Fernandes	3250 Corporate Way	Miramar, FL 33025
			200044789372 01/14/05--01046--006 **150.00
			REINSTATEMENT 2004

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

Richard Mirande

Date

12/31/04

Daytime Phone #

954-600-7464

Typed or printed name of signing Managing Member/Manager: Richard Mirande, Managing Member

CRZEM1 (10/02)