



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000028863

Name and Mailing Address

2004 JAN 27 PM 12:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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P.V. MANAGEMENT, LLC

405 SOUTH PINE ISLAND ROAD STE. 213

PLANTATION FL 33324-3114



2. New Mailing Address 9999 Summerbreeze Dr #1022		4. State/Country of Formation FL	
City, State, Zip Sunrise, FL 33322		5. Date Organized or Qualified To Do Business in Florida 10/29/2002	
Principal Place of Business 405 SOUTH PINE ISLAND ROAD STE. 213 PLANTATION FL 33324	3. New Principal Place of Business Address 9999 Summerbreeze Dr #1022		6. FEI Number 550805143
	City, State, Zip Sunrise, FL 33322		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
8. Name and Address of Current Registered Agent VATTE, NARESH 405 SOUTH PINE ISLAND ROAD STE. 213 PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name VATTE, NARESH	
		Street Address (P.O. Box Number is Not Acceptable) 9999 Summerbreeze Dr #1022	
		City SUNRISE FL Zip Code 33322	
10. 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 <u>[Signature]</u> SIGNATURE REQUIRED Date 01/18/04 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	NARESH VATTE	9999 Summerbreeze Dr #1022	Sunrise, FL 33322
Member	MANMOHAN POLYACA	2123 Madeira Dr	Wilton, FL 33327
			000028322440 02/06/04--01025--006 **205.00
REINSTATEMENT 2003-04			
12. 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 <u>[Signature]</u> SIGNATURE REQUIRED Date 01/18/04 Daytime Phone # (954) 629 3859			
Typed or printed name of signing Managing Member/Manager _____			