PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			07 OCT 30 PM 12: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # LOZOOO 30664 1. Limited Liability Company's Name PAA, CCC.				
2. Principal Office Address - No P.O. Box # 300 SW 12 ⁷⁴ Ave			CR2E041 (1/07) 4. State/Country of Formation	
Suite, Apt. #, etc. #/O	Suite Apt. #, etc.		FL 5. Date Organized or Qualified	
YONDAND BEACH, A	City & State TOMPOWOREACH, FI		To Do Business in Florida Cocumen 2002 6. FEI Number 20-8189518 Not Applicable	
33069 Country USA	^{zip} 3306f	Country	7.	OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
Name Name Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #. Etc. Suite, Apt. #. Etc.			A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
State Zip Code FL 33065 9. I, being appointed the registered agent of the above name firmited lies by company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent. Date 10/23/07				
Registered Agent Date POTES OF THE POTES OF				
10. Names and Street Addresses of Managing Mer Titles Name of Managing Members/Managing Members/Membe	Ţ.	Street Address of Each		City / State / Zip
Managing Members/Managers Managing Members/Managers Managing Members/Managers Managing Members/Managers		300 S. Andrews Are 410		Pompano Beach, Fl 33009
Mgz. Rosert Potter				"
Mgs Rosert Potter Mgs Rosert ANASOPSi				4
REINSTATEMENT				
2003	-2007		10/26)	0111393888 0701041009 ++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 filling 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				
Typed or printed name of signing Managing Member/Manager				