


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

DOCUMENT # L03000001476

1. Limited Liability Company's Name

P & G Capital Management, LLC

CR2E041 (8/05)

2. Principal Office Address 225 NE Mizner Blvd.		3. Mailing Office Address 225 NE Mizner Blvd.	
Suite, Apt. #, etc. Suite 504		Suite, Apt. #, etc. Suite 504	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33432	Country USA	Zip 33432	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 1/13/03	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Philip L. Schwartz, Esquire

Street Address (P.O. Box Number is Not Acceptable)
2000 Glades Road

Suite, Apt. #, Etc.
Suite 208

City
Boca Raton

300073720783
05/02/06--01044--023 **259.00

State Zip Code
FL 33431

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **4/6/06**

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
Managing Partner	Gary Gross	225 NE Mizner Blvd. #504	Boca Raton, FL 33432

REINSTATEMENT 04-06

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

[Signature]

Date **April 6, 2006** Daytime Phone # **(561) 672-4670**

Typed or printed name of signing Managing Member/Manager **Gary Gross**