

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000027355

1. Limited Liability Company's Name

PARTNERSHIP DEVELOPMENT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 28 AM 10:58

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10/03/05--01059--002 **200.00

CR2E041 (8/05)

2. Principal Office Address

10133 USA TODAY WAY

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

Zip

33025

Country

3. Mailing Office Address

10133 USA TODAY WAY

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

Zip

33025

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

7/25/2003

6. FEI Number

57-1180053

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

ROZENCWAIG & FERRERO-CARR

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

301 W. HALLANDALE BEACH BLVD

Suite, Apt. #, Etc.

City

HALLANDALE BEACH

State

FL

Zip Code

33009

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

11/18/05

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	STERENTAL, BRYAN	10133 USA TODAY WAY	MIRAMAR, FLORIDA 33025
MGRM	WAINBERG, HERY	10133 USA TODAY WAY	MIRAMAR, FLORIDA 33025

REINSTATEMENT 04-05

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager