


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

09 APR 27 PM 3:23

DOCUMENT # L03000043060

1. Limited Liability Company's Name

PST, LLC

REINSTATEMENT 01-09 LAM

000151448010
04/21/09--01010--014 **\$60.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 9151 Arvida Ln		3. Mailing Office Address 9151 Arvida Ln	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Gables		City & State Coral Gables	
Zip 33156	Country USA	Zip 33156	Country USA

4. State/Country of Formation
Florida, USA

**5. Date Organized or Qualified
To Do Business In Florida** 11/03/2003

6. FEI Number ☐ Applied For
☒ Not Applicable

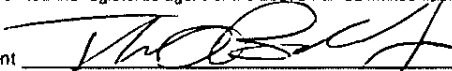
7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent		
Name Thomas O Bales, Jr		
Street Address (P.O. Box Number is Not Acceptable) 9151 Arvida Ln		
Suite, Apt. #, Etc.		
City Coral Gables	State FL	Zip Code 33156

☐ 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.

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



Date 16 Apr 09

REGISTERED AGENT MUST SIGN

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
PDST	Thomas O Bales, Jr	9151 Arvida Ln	Coral Gables, FL 33156
VD	Charles R. Slater	2350 SW 26 Ave. (Riverland Rd.)	Ft. Lauderdale, FL 33312
VD	Scott L Jahmarki	1820 Bay Drive	Miami Beach, FL 33141

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



Date 16 Apr 09

Daytime Phone # 305-793-0213

Typed or printed name of signing Managing Member/Manager Thomas O Bales, Jr

655.02