

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L04000012636

1. Limited Liability Company's Name

PCA ACQUISITIONS, LLC

2. Principal Office Address

300 NW 82 Avenue

Suite, Apt. #, etc.

Suite, 500

City & State

Plantation, Florida

Zip

33324

Country

Broward

3. Mailing Office Address

300 NW 82 Avenue

Suite, Apt. #, etc.

Suite, 500

City & State

Plantation, Florida

Zip

33324

Country

Broward

CR2E041 (8/05)

4. State/Country of Formation

Broward County, Florida

5. Date Organized or Qualified
To Do Business in Florida

2/18/2004

6. FEI Number

20-0751958

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

Lance Phair

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

300 NW 82 Avenue

Suite, Apt. #, Etc.

Suite, 500

City

Plantation

State

FL

Zip Code

33324

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

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
MGRM	Cohen, Adam S	695 Rancocas Road	Westampton, NJ 08060
MGRM	Phillips, Matthew M	695 Rancocas Road	Westampton, NJ 08060
MGRM	Enders, Howard A	695 Rancocas Road	Westampton, NJ 08060

REINSTATEMENT

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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 608.405, 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

10-03-06

Daytime Phone #

302-355-3500

Typed or printed name of signing Managing Member/Manager

Ronald T. Martin