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LIMITED LIABILITY REINSTATEMENT
PRINCE GEORGE'S STATION RETAIL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$516.25

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # L04000049731

1. Limited Liability Company's Name

PRINCE GEORGE'S STATION RETAIL, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
18851 NE 29TH AVE.		18851 NE 29TH AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
STE 767		STE 767	
City & State		City & State	
AVENTURA FL		AVENTURA FL	
Zip	Country	Zip	Country
33180	US	33180	US

4. State/Country of Formation: US

5. Date Organized or Qualified To Do Business in Florida: 07/02/2004

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: TAYLOR, HARVEY S

Street Address (P.O. Box Number is Not Acceptable): 18851 NE 29TH AVE.

Suite, Apt. #, Etc.: STE 767

City	State	Zip Code
AVENTURA	FL	33180

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] Date: 6/21/10

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	TAYLOR, HARVEY S	18851 NE 29TH AVE., STE 767	AVENTURA FL 33180
	REINSTATEMENT -08-10		

11. E-mail Address: harveytaylor@bellsouth.net

(To be used for future annual report notifications)

12. 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 608.408, 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: 6/21/10 Daytime Phone #: (305) 892-6800

Typed or printed name of signing Managing Member/Manager: HARVEY S. TAYLOR

C.L.