

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -9 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 04000054792

1. Limited Liability Company's Name

PMS, LLC

200171548142
03/08/10--01083--017 **\$55.00
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

3140 NE 212 ST.

Suite, Apt. #, etc

3. Mailing Office Address

3140 NE 212 ST.

Suite, Apt. #, etc

City & State

AVENTURA FL

City & State

AVENTURA FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

7/22/2004

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

SALLY GONSALVES

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

1739 22 AVE North

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 2/25/10

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	DABUL, PAULA	3140 NE 212 ST.	Aventura, FL 33180
MGRM	TARANTINO, MARIE	7673 Forest Green Lane	Bayton Beach, FL 33436
MGRM	GONSALVES, SALLY	1739 22 Ave. N.	Lake Worth, FL 33460

REINSTATEMENT 2007-10

11. E-mail Address: taranma@mac.com

(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 608.406, 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 2/28/10

Daytime Phone # 786-239-1287

Typed or printed name of signing Managing Member/Manager