## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM LED

С	ED LIABILITY COMPANY ISTATEMENT	Secret	ARTMENT OF STATE tary of State F CORPORATIONS		OB APR 14 PM 4: 08  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # LOY 00071300						-
PD Realty, LLC				M. Thomas APR 1 4 2008		
2_ Principal Office Address - No P.O. Box # 3. Mailing Office Address				1	CR2E041 (12/07)	
940 Lincoln load 940 Lincoln load				4. State/Coun	itry of Formation	1
Suite, Apt. #, etc. Step 323 Step 323			272 5. Date C		nized or Qualified places in Florida 9 30 200 U	1
Miami Beach, FL Mian			Beach, FL	6. FEI Numbe	Applied For Not Applicable	
3313	39 USA	33139	ÜSA	7. CERTIFICATE	S5.00 Additional Fee require for a Certificate of Status	d
8. Name and Address of Current Registered Agent				1, ,		1
Name	Capital Conne	CTIDY	.Dnc_	A \$100 reinstatement fee is imposed, except		
Street Address (P.O. Box Number is Not Acceptable)				' in circumstances which the entity did not receive the prior notices. By checking this		
Sulte, Apt. #, Etc.				box, you are certifying the prior notices were not received and requesting the \$100		
City	Allahassee		State Zip Code FL 32301	reinstatement be walved.		
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 Agent Agent MUST SIGN CONNECTION  Date 4/14/08						
10. Names and Street Addresses of Managing Members/Managers						
Titles	Name of Managers Managers		Street Address of Each Managing Member/Manager		City / State / Zip	
Nge	De Tommy Puccio		940 Lincoln Land		Miami Beach, GL 3313	49
MPE	ARTHUR DOZOR	tsev 94	o Lincoln (	São	Miami Beach, PC 33/3	
			047		10123294329 <sub>8.75</sub>	
	TR	FINE	CATEME		NA	
•			1 H H 4 V A 4 L J	k 4 ,4k.	UD-00	
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 filling 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 Authorized Date 41108 Daytime Phone #305-931-4548						
Typed or printed name of signing Managing Member/Manager LONIEC H. GOX						
			. •		• •	