

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

08 OCT 14 AM 10:27

DOCUMENT # L05000042473

1. Limited Liability Company's Name

P.C. 975, LLC

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

1008-43928
9100 S. Dadeland Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Ste 912

City & State

Miami, FL

City & State

Zip

33150

Country

U.S

Zip

Country

CR2E041 (12/07)

09/16/08 01040 008 \$450.00

4. State/Country of Formation

4-29-05 Florida

5. Date Organized or Qualified To Do Business in Florida

4-29-05

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

Aurelio A. Piedra

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

9100 S. Dadeland Blvd Ste 912

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33150

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]

Date 9-10-08

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
D	Marisa A. Trezza	11223NW 75 LN	Doral, FL 33178
	FF \$416.25		
REINSTATEMENT			06-08 Lett

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

Marisa A. Trezza

Date

9/10/08

Daytime Phone#

Typed or printed name of signing Managing Member/Manager