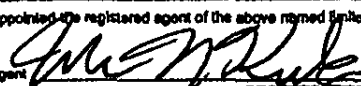
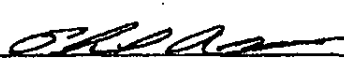


FILED

2009 MAY 13 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 40500006405			
1. Limited Liability Company's Name PDDL HOLDINGS, LLC			
2. Principal Office Address - No P.O. Box # 2125 45th St.		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VERO BEACH, FL		City & State	
Zip 32967	Country INDIAN RIVER	Zip ↓	Country USA
4. State/Country of Formation FL, USA			
5. Date Organized or Qualified To Do Business in Florida JUNE 28, 2005			
6. FEI Number 20-3150036		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: WILLIAM N. RIAK, ESQ. Street Address (P.O. Box Number is Not Acceptable): 979 BEACHLAND BLVD. Suite, Apt. #, Etc.: City: VERO BEACH, FL State: FL Zip Code: 32967			
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: 4/25/09 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Member/Managers			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES/ PARTN	PHILLIP A DELANGE	5500 RENT LINE DRIVE	VERO BEACH, FL 32967
VP/ SEC.	DEBORAH L DELANGE	↓	↓
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:  Date: 4/23/09 Daytime Phone #: 772-772-4250 Typed or printed name of signing Managing Member/Manager: PHIL DELANGE			

REINSTATEMENT

07-09