## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		PARTMEN etary of S	tate		SEGRETARY OF STATE DIVISION OF CORPORATIONS:  09 DEC -4 PM 2: 39	
DOCUMENT # LOSOOO 117484.  1. Limited Liability Company's Name  P JT INVESTMENTS TWO, LLC.				FILING CANCELLED RETURNED CHECK		
Principal Office Address - No P.O. Box # 3. Mailing Office Address				900153088599 12/08/0901001001 **38.75 cr2E041 (11/09)		
Suite, Apt. #, etc.	NW 6 Mailing Office Address  NW 16 Mailing Office Address  NW 16 Mailing Office Address  Suite, Apt. #, etc.			4. State/Country of Formation		
City & State	City & State			5. Date Organized or Qualified To Do Business in Florida   2   8   05		
Plantation, PL. Plantation, PL.			6. FEI Number Applied For Not Applicable			
33324. U.S.a.	3332	). L	isa.	7. CERTIFICATÉ	OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent  Name  Vocal  Street Address (P.O. Box Number is Not Acceptable)  Suite. Apt. #, Etc.  City  City  City  State  State  Zip Code  FL  38394.				☐ 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 Signature of Registered Agent REGISTERED AGENT MUST SIGN				accept the obligations of Chapter 608, F.S.  Date		
10. Names and Street Addresses of Managing Members/Managers						
Titles Name of Managing Members/Manage	Managing Members/ Managers Managing Memb		treet Address of Each aging Member/Mana		City / State / Zip	
MORE YOUR PETERS 10360 NW			NW Gan	<b>→</b> .	plantation, Fc. 33833	
REINSTATEMENT 2008, 2009 11/24/0301033001 **243, 75						
11. E-mail Address:						
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 11-19-09 Daytime Phone # (ASY)						
Typed or printed name of signing Managing Member/Manager						



RECEIVED

09 DEC.-4 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 30, 2009

P & T INVESTMENTS TWO, LLC 10360 NW 16TH CT PLANTATION, FL 33322

SUBJECT: P & T INVESTMENTS TWO, LLC

Ref. Number: L05000117484

We have received your document for P & T INVESTMENTS TWO, LLC and check(s) totaling \$243.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$38.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 909A00036664

Tammy Hampton Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314