

FILING CANCELLED
RETURNED CHECK

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 206000029797.

1. Limited Liability Company's Name

P.S.G. Investment 1, LLC.

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

10360 NW 16th Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

10360 NW 16th Ct.

Suite, Apt. #, etc.

City & State

Plantation, FL.

Zip

Country

33322

U.S.A.

City & State

Plantation, FL.

Zip

Country

33322

U.S.A.

4. State/Country of Formation

FL, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

3/21/06

6. FEI Number

204531887

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

Yoav Peretz

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

10360 NW 16th Ct.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33322

☒ 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

REGISTERED AGENT MUST SIGN

Date

11-19-09

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 |
|--------|--------------------------------------|---|-----------------------|
| MGR | Yoav Peretz | 10360 NW 16 th Ct. | Plantation, FL. 33322 |
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REINSTATEMENT

2008-09

400163088804
11/24/09--01039--003 **243.75

11. E-mail Address: joeyperetz@yahoo.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

Date

11-19-09

Daytime Phone #

(954)

Typed or printed name of signing Managing Member/Manager

Yoav Peretz



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2009

P.S.G. INVESTMENT 1, LLC
10360 NW 16TH CT
PLANTATION, FL 33322

SUBJECT: P.S.G. INVESTMENT 1, LLC
Ref. Number: L06000029797

We have received your document for P.S.G. INVESTMENT 1, LLC and your check(s) totaling \$243.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$133.75.

Please return your document, along with 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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 309A00036685