


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

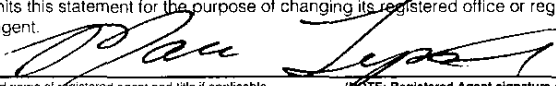
DOCUMENT # L06000060304		
1. Entity Name P & E, LLC		

Principal Place of Business 1150 NW 72 AVENUE #530 MIAMI, FL 33126	Mailing Address 1150 NW 72 AVENUE #530 MIAMI, FL 33126
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2. Principal Place of Business - No P.O. Box # 1150 NW 72nd Avenue	3. Mailing Address 1150 NW 72nd Avenue
Suite, Apt. #, etc. 530	Suite, Apt. #, etc. # 530
City, & State Miami, Florida	City & State Miami, FL
Zip 33126	Country USA

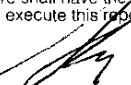
6. Name and Address of Current Registered Agent LIPSITZ, MARC 550 BILTMORE WAY 700 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RABELL, LUIS 1150 NW 72 AVENUE, #530 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800111505568 10/30/07--01057--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RABELL, MAYRA 1150 NW 72 AVENUE, #530 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	10/25/07 Date 305-640-0448 Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10172007 REIN-LLC CR2E101 (1/07)

4. FEI Number ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

REINSTATEMENT 07

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