

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000065847

**FILED**  
**Dec 11, 2007**  
**Secretary of State**

**Entity Name:** PLATINUM MAINTENANCE SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

333 LAS OLAS WAY, SUITE 2502  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

333 LAS OLAS WAY, SUITE 2502  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

120 WALL STREET  
23RD FLOOR  
NEW YORK, NY 10005

**FEI Number:** 20-5149820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: SUSAN ENSTROM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HALPIN, JAMES C  
Address: 333 LAS OLAS WAY, SUITE 2502  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGRM ( ) Delete  
Name: RUSI, SELIM  
Address: 177 BENEDICT ROAD  
City-St-Zip: STATEN ISLAND, NY 10304

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES C. HALPIN

MR

12/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date