

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L06000111148

1 Limited Liability Company's Name  
PL INVESTMENTS, LLC

2 Principal Office Address - No P.O. Box #  
10275 COLLINS AVENUE

3 Mailing Office Address  
10275 COLLINS AVENUE

Suite, Apt. #, etc.  
APT. 610

Suite, Apt. #, etc.  
APT. 610

City & State  
BAL HARBOUR, FL

City & State  
BAL HARBOUR, FL

Zip Country  
33154 USA

Zip Country  
33154 USA

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

Name  
PATRICIA COHEN

Street Address (P.O. Box Number is Not Acceptable) Suite,  
10275 COLLINS AVENUE

Apt. # Etc.  
610

City  
BAL HARBOUR

State Zip Code  
FL 33154

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent See below

Date JUNE 6, 2023

REGISTERED AGENT MUST SIGN

**10 Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	PATRICIA COHEN	10275 COLLINS AVE, APT. 610	BAL HARBOUR, FL 33154

11 E-mail Address lydia@attorneybrandt.com

(To be used for future annual report notifications)

12 I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 6-6-2023

Daytime Phone # 305-778-8660

Typed or printed name of signing authorized representative/member Patricia Cohen

2023 JUN -6 10:47

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06/08/23--01015--026 ++2458.75

CR2EC41 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status