PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2011 JAN 13 AM 9: 42
DOCUMENT # LO7000001385 1. Limited Liability Company's Name			SECRETARY OF STATE. TALEAHASSEE, FLORIDA
P. L. Ventures ob	West Palm Beach, LLC		
Principal Office Address - No P.O. Box # 3. Mailing Office Address		CR2E041 (05/10)	
1520 Lands End Ad.		4. State/Country	of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organize To Do Busine	as in Clasida
Manalapan, FL.	City & State Manalapan FC.	6. FEi Number	Applied For Not Applicable
33462 Country U.S.	33462 Country U.S.	7. CERTIFICATE O	F STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent			
Name Paul Lapidus			
Street Address (P.O. Box Number's Not Acceptable) 1520 Lands End Road		900191259489 01/13/1101010002 **238.75	
Suite, Apt. #, Etc.		017 137 1	101010002 **230.13
Manalapan	State Zip Code FL 33462		
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 Date 12/30/10 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Men	nbers/Managers		
Titles Name of Managing Members/ Manage	Street Address of Each Managing Member/Mana		City / State / Zip
m/m Paul Lapid	lus 1520 Lands	end Rd.	Manalapan, Fl. 33462
M/m Paul Lapid	NS " I'	1,	((' " "
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REINSTATEMENT-//			
11. E-mail Address: Aferdaman @ Q.O.L. 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 filling 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 Dave 12/30/10 Daytime Phone # 561-662-1873			
Typed or printed name of signing Managing Member/Manager			