


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # <u>L 07000076642</u>							
1. Limited Liability Company's Name <u>PPL INVESTMENTS, LLC</u>							
2. Principal Office Address - No P.O. Box # <u>5062 WEST COLONIAL DRIVE</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>5062 WEST COLONIAL DRIVE</u> Suite, Apt. #, etc. <u>SUITE 105</u>					
City & State <u>ORLANDO FL</u>		City & State <u>ORLANDO FL</u>					
Zip <u>32808</u>	Country <u>USA</u>	Zip <u>32808</u>	Country <u>USA</u>				
4. State/Country of Formation <u>FL</u>		5. Date Organized or Qualified To Do Business in Florida <u>07/25/2007</u>					
6. FEI Number <u>26-0598827</u>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable					
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent							
Name <u>PANG, WAI KUEN</u>							
Street Address (P.O. Box Number is Not Acceptable) <u>5062 WEST COLONIAL DRIVE, STE 105</u>							
Suite, Apt. #, Etc.							
City <u>ORLANDO</u>		State <u>FL</u>	Zip Code <u>32808</u>				
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608.							
Signature of Registered Agent <u>[Signature]</u>		Date <u>10/14/2010</u>					
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				
<u>MGRM</u>	<u>PANG, WAI KUEN</u>	<u>5062 WEST COLONIAL DRIVE, STE 105</u>	<u>ORLANDO, FL 32808</u>				
<div>REINSTATEMENT 2009-10</div> <div>J. SAULSBERRY EXAMINER OCT 20 2010</div>							
11. E-mail Address: _____ (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 <u>[Signature]</u>		Date <u>10/14/2010</u> Daytime Phone # _____					
Typed or printed name of signing Managing Member/Manager _____							