


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED IN STATE
DIVISION OF CORPORATIONS
10 MAY 11 PM 4:54

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000082738
1. Limited Liability Company's Name
PBRI, LLC

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2. Principal Office Address - No P.O. Box # 12006 N. EDGEWATER DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 12006 N. EDGEWATER DRIVE Suite, Apt. #, etc.	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL	
Zip 33410	Country Palm Beach	Zip 33410	Country Palm Beach

4. State/Country of Formation
Florida/Palm Beach County

5. Date Organized or Qualified To Do Business in Florida
8/10/2007

6. FEI Number 260682511	Applied For Not Applicable
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7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name PETER R. RAY			
Street Address (P.O. Box Number is Not Acceptable) 712 U.S. HIGHWAY ONE, STE 400			
Suite, Apt. #, Etc. STE 400			
City NORTH PALM BEACH	State FL	Zip Code 33408	

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A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 5/3/10
REGISTERED AGENT MUST SIGN

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
MGR	DALY, TERRANCE J.	12006 N. Edgewater Drive	Palm Beach Gardens, FL 33410
MGRM	M'RABET, MOHAMMED	12006 N. Edgewater Drive	Palm Beach Gardens, FL 33410
<p>REINSTATEMENT 2009-2010</p> <p>100180665621 05/10/10--01075--005 **516.25</p>			

11. E-mail Address: lkl@fcohenlaw.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 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 Mohammed Rabet Date 5/3/10 Daytime Phone # 561 799 06 24

Typed or printed name of signing Managing Member/Manager _____