L07000099348

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LIMITED LIABILITY REINSTATEMENT

PT CLERMONT 1031, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	$238.75

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2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000099348

1. Entity Name
PT CLERMONT 1031, LLC

Principal Place of Business	Mailing Address
731 MAIN STREET, SUITE D-3 MONROE, CT 06468	731 MAIN STREET, SUITE D-3 MONROE, CT 06468

[redacted]

10202008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7300 N. Kendall Drive		7300 N. Kendall Drive	
Suite, Apt #, etc: 8th Floor		Suite, Apt #, etc: 8th Floor	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33156	Country: USA	Zip: 33156	Country: USA

4. FEI Number — Applied For ☐ — Not Applicable ☒

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD, #221-E PALM BEACH GARDENS, FL 33410	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL Zip Code: 33324

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: [signature] Joel A. Rodriguez, Corporate Ops. Manager — 10/31/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW!!! FEE IS $238.75
After January 1, 2009, Fee will be $377.50

Make check payable to *Florida Department of State*

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PAJONAS, TODD R 731 MAIN STREET, SUITE D-3 MONROE, CT 06468	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Pollo Operations, Inc. 7300 N. Kendall Drive, 8th Floor Miami, FL, 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

REINSTATEMENT-08

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 10/31/08 (315) 424-0513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #