

L07000099348Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
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Phone : (850) 222-1092
Fax Number : (850) 878-5926SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

PT CLERMONT 1031, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

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Corporate Filing Menu

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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2008 OCT 31 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000099348 1. Entity Name PT CLERMONT 1031, LLC	
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Principal Place of Business 731 MAIN STREET, SUITE D-3 MONROE, CT 06468	Mailing Address 731 MAIN STREET, SUITE D-3 MONROE, CT 06468
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2. Principal Place of Business - No P.O. Box 7300 N. Kendall Drive Suite, Apt. #, etc. 8th Floor City & State Miami, FL Zip 33156 Country USA	3. Mailing Address 7300 N. Kendall Drive Suite, Apt. #, etc. 8th Floor City & State Miami, FL Zip 33156 Country USA
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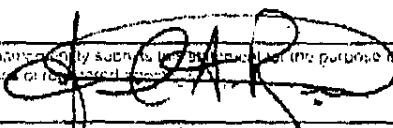
10292008 REIN-LLC CR2E101 (1/07)

4. FEI Number	Applied For ☒ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD, #221-E PALM BEACH GARDENS, FL 33410
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7. Name and Address of New Registered Agent Name: CT Corporation System Street Address (P.O. Box Number, if Not Applicable) 1300 South Pine Island Road City: Plantation FL Zip Code: 33324

8. The undersigned hereby submits this document for the purpose of obtaining its registration status as a registered agent or agent, in the State of Florida. I am familiar with and accept the obligations of a registered agent.  JOEL A. RODRIGUEZ Corporate Ops. Manager 10/31/08

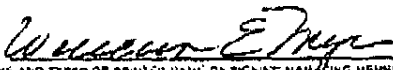
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.60	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
1. NAME MOR PAJONAS, TODD R STREET ADDRESS 731 MAIN STREET, SUITE D-3 CITY, STATE, ZIP MONROE, CT 06468	☒ Delete
2. NAME STREET ADDRESS CITY, STATE, ZIP	☐ Delete
3. NAME STREET ADDRESS CITY, STATE, ZIP	☐ Delete
4. NAME STREET ADDRESS CITY, STATE, ZIP	☐ Delete
5. NAME STREET ADDRESS CITY, STATE, ZIP	☐ Delete

10. ADDITIONS/CHANGES	
1. NAME MGRM Pollo Operations, Inc. STREET ADDRESS 7300 N. Kendall Drive, 8th Floor CITY, STATE, ZIP Miami, FL, 33156	☐ Change ☒ Addition
2. NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
3. NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
4. NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
5. NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition

REINSTATEMENT -08

11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information included 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 809, Florida Statutes.

SIGNATURE: 	10/31/08	(315) 424-0513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		