L07000099511

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LIMITED LIABILITY REINSTATEMENT

PT OLDSMAR 1031, LLC

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S. HAWKES
NOV 3 2008
EXAMINER

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2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000099511

1. Entity Name
PT OLDSMAR 1031, LLC

Principal Place of Business
731 MAIN STREET, SUITE D-E
MONROE, CT 06468

Mailing Address
731 MAIN STREET, SUITE D-E
MONROE, CT 06468

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TALLAHASSEE, FLORIDA

2. Principal Place of Business		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

10292008 REIN-LLC CR2E101 (1/07)

4. FEI Number — Applied For / [X] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
1138 PROSPERITY FARMS ROAD, #221-E
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

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	MGR	[X] Delete	TITLE	MGRM	[ ] Change [X] Addition
NAME	PAJONAS, TODD R		NAME	Pollo Operations, Inc.	
STREET ADDRESS	731 MAIN STREET, SUITE D-E		STREET ADDRESS	7300 N. Kendall Drive, 8th Floor	
CITY-ST-ZIP	MONROE, CT 06468		CITY-ST-ZIP	Miami, FL 33156	
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	REINSTATEMENT 2008	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

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: William E Myer 10/31/08 (315) 424-0513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #