


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

11 MAR 15 AM 11:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L07000104943**

1. Limited Liability Company's Name
PLD acquisitions LLC

2. Principal Office Address - No P.O. Box 1- 200 Hicks St. Suite, Apt. #, etc.		3. Mailing Office Address 200 Hicks St. Suite, Apt. #, etc.	
City & State Westbury N.Y.		City & State Westbury N.Y.	
Zip 11590	Country USA	Zip 11590	Country USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
Oct. 16, 2007

6. FEI Number
23-1323 240

7. CERTIFICATE OF STATUS DESIRED? \$5.00 Additional Fee required for a Certificate of Status **NO**

B. Name and Address of Current Registered Agent

Name
Incorporating Services, Ltd.

Street Address (P.O. Box Number is Not Acceptable)
1540 Glenway Drive
 Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

E-mail Address:
100197989731
03/15/11--01034--007 **238.75
ppapou@PLDevelopments.com
 (To be used for future annual report notices)

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 **Melissa A. Stopp** Date **3/11/2011**
Melissa A. Stopp REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	Mitchell Singer	200 Hicks St.	Westbury NY 11590

JB

REINSTATEMENT 2011

11. 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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager **Mitchell Singer** Date **3/13/11** Daytime Phone # **516-986-1751**
 Typed or printed name of signing Managing Member/Manager **Mitchell Singer**