## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000109492  1. Entity Name P.B. ORIGINALS LLC						JIVISION OF	RY OF STATE CORPORATIONS	
Principal Place of Business  631 US HIGHWAY ONE  412  NORTH PALM BEACH, FL 33408 US  Mailing Address  631 US HIGHWAY ONE  412  631 US HIGHWAY ONE, FL 33408 US				S				<b>11</b> 1111111111111111111111111111111111
2. Principal Place of Business - No P.O. Box #  13.8 Satnwood Lanc  Suite, Apt. #, etc.		3. Mailing Address 138 Sahnwood Vane Suite, Apt. #, etc.			11052008	REIN-LLC	CR2E101 (1/07)	
Palm Beach Gardens		Palm Beach Gardens			4. FEI Number 26 11	3 8057	N	pplied For ot Applicable
3341		<sup>Zip</sup> 33410	Palm Be	each		of Status Desired	\$5.00 Ad Fee Require	
6. Name and Address of Current Registered Agent 7. Name and Add								
JOHNSON, DANA A 631 US HIGHWAY ONE 412				Name Laurie A. Smith Street Address (P.O. Box Number is Not Acceptable)  138 Satinwood Lane				
—	ALM BEACH, FL 33408							
,				um Bo	each G	ardens,		<sup>10</sup> 410
<ol> <li>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.</li> </ol>								
SIGNATURE Lawric' A. Smith. President Substitute (MOTE: Registered Agent signature, typed or printed name of registered agent and title ( Applicable. (MOTE: Registered Agent signature required when reinstating)  OATE								
FILE NOW!! FEE IS \$138.75 In accordance with s. 60 liability company did not								
				, F.S., the	e limited	Ma	ke check payable to a Department of Stat	te .
		liability company did		, F.S., the	e limited	Mai Florid	• •	te
9.	MANAGING MEMBER MGRM	liability company did	not receive the	, F.S., the	e limited ice.	Mai Florid ADDITIONS	A Department of State //CHANGES	te Addition
9. TITLE NAME	MANAGING MEMBER MGRM JOHNSON, DANA A	liability company did	10. TITLE NAME	, F.S., the	e limited ice.	Mai Florid ADDITIONS	A Department of State //CHANGES	Addition
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<sup>11.</sup> 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.