


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L11000070002			
1. Limited Liability Company's Name PG4 LLC			
2. Principal Office Address - No P.O. Box # 3400 E. LAFAYETTE Suite, Apt. #, etc.		3. Mailing Office Address same as #2 Suite, Apt. #, etc.	
City & State DETROIT, MI		City & State	
Zip 48207	Country USA	Zip	Country
4. State/Country of Formation MICHIGAN		5. Date Organized or Qualified To Do Business in Florida JUNE 15, 2011	
6. FEI Number 45-3455573		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc.		E-mail Address: MICHELE.WALKER@SOAVE.COM (To be used for future annual report notices)	
City PLANTATION		State FL	Zip Code 33324
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: <u><i>Rebecca Baith</i></u> Date <u>1/22/2014</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	YALE LEVIN	3400 E. LAFAYETTE	DETROIT, MI 48207
REINSTATEMENT <i>2013-14</i>			S. HAWKES JAN 12 A.M. EXAMINER
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: <u><i>Yale Levin</i></u> Date <u>1/22/14</u> Daytime Phone # <u>313-567-7000</u> Typed or printed name of signing Managing Member/Manager: YALE LEVIN, MANAGER			

Division of Corporations

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**LIMITED LIABILITY REINSTATEMENT
PG4 LLC**

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