PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2022 SEP -8 AM 10: 26

TALLAHASSEE, FLORIDA

400393722274
12/07/22--01013--001 **1949.75

DOCUMENT # L12000146487

1. Limited Liability Company's Name
PBI HOLDINGS, LLC.

2014-2022 CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8551 SUNRISE BLVD.	8551 SUNRISE BLVD.
Suite, Apt #, etc 105	Suite Apt #, etc 105
City & State PLANTATION	City & State PLANTATION
Zip / Country FL 33322	Zip / Country FL 33322

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 11/20/2012

6. FEI Number ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
BERTILLE HOCQUET

Street Address (P.O. Box Number is Not Acceptable) Suite,
8551 SUNRISW BLVD

Apt. #, Etc
105

City	State	Zip Code
PLANTATION	FL	33322

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Bertille Hocquet Date 9/1/2022
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	BERTILLE HOCQUET	8551 SUNRISE BLVD STE 105	PLANTATION FL 33322
MGR	FRANCK BONDRILLE	8551 SUNRISE BLVD STE 105	PLANTATION FL 33322

DEC 7 2022
S. PRATHE

11. E-mail Address bertille@contact-usa.net
[To be used for future annual report notifications]

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member _____ Date 9/6/2022 Daytime Phone # 954 784 2300

Typed or printed name of signing authorized representative/member Frederic D. Bartle, Esq