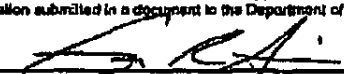


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

JAN 15 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L12000147735					
1. Limited Liability Company's Name PLDM OPERATING COMPANY LLC					
2. Principal Office Address - No P.O. Box # C/O PLD ACQUISITIONS LLC Suite, Apt. #, etc. 10400 NW 29TH TERRACE City & State DORAL, Florida Zip 33166 Country USA		3. Mailing Office Address C/O PLD ACQUISITIONS LLC Suite, Apt. #, etc. 10400 NW 29TH TERRACE City & State DORAL, Florida Zip 33166 Country USA		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 11/21/2012 6. FEI Number 35-2461779 7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee (required for a Certificate of Status)	
8. Name and Address of Current Registered Agent Name C/O PLD ACQUISITIONS LLC Street Address (P.O. Box Number is Not Acceptable) 10400 NW 29TH TERRACE Suite, Apt. #, Etc. City DORAL State FL Zip Code 33166				E-mail Address: rmartorella@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 605, F.S. Signature of Registered Agent  Date 1-15-14 REGISTERED AGENT MUST SIGN					
10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company					
Title	Name of Authorized Person	Street Address of Each Authorized Person		City / State / Zip	
MGR	MITCHELL SINGER	609-2 CANTIAGUE ROCK ROAD		WESTBURY NY 11590	
MGR	EVAN SINGER	609-2 CANTIAGUE ROCK ROAD		WESTBURY NY 11590	
MGR	ADAM SINGER	609-2 CANTIAGUE ROCK ROAD		WESTBURY NY 11590	
MGR	RICHARD MARTORELLA	609-2 CANTIAGUE ROCK ROAD		WESTBURY NY 11590	
11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person  Date 1-15-14 Daytime Phone # 516-986-1725 Typed or printed name of signing Authorized Person Richard Martorella					

JAN 15 2014

R. HUNT

Division of Corporations

Page 1 of 1

**Florida Department of State
Division of Corporations
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Fax Number : (850) 878-5368

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**LIMITED LIABILITY REINSTATEMENT
PLDM OPERATING COMPANY LLC**

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Corporate Filing Menu

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JAN 15 2014