FILED

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

CR2E041 (12/13)

DOCUMENT # L12000147735

1. Limited Liability Company's Name
PLDM OPERATING COMPANY LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
C/O PLD ACQUISITIONS LLC		C/O PLD ACQUISITIONS LLC	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
10400 NW 29TH TERRACE		10400 NW 29TH TERRACE	
City & State		City & State	
DORAL, Florida		DORAL, Florida	
Zip	Country	Zip	Country
33166	USA	33166	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 ☐ 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
C/O PLD ACQUISITIONS LLC

Street Address (P.O. Box Number is Not Acceptable)
10400 NW 29TH TERRACE

Suite, Apt. #, Etc.

City	State	Zip Code
DORAL	FL	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

Titles MGR/MGRM	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

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000011790 3)))

H14000011790 3ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
PLDM OPERATING COMPANY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$377.50

Electronic Filing Menu Corporate Filing Menu Help

JAN 15 2014