PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 NOV 12 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000144128

1. Limited Liability Company's Name
P.S. DESIGNER REALTY LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2544 Tonquin Street	2544 Tonquin Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: East Meadows, NY	City & State: East Meadows, NY
Zip: 11554 Country: USA	Zip: 11554 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/11/2013

6. FEI Number: 46-3880278 ☑ 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: Incorporating Services, Ltd.

Street Address (P.O. Box Number is Not Acceptable): 1540 Glenway Drive

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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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: 10/26/2015
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
AR	Seema Trehan	2544 Tonquin Street	East Meadows, NY 11554
AR	Pawan Verma	10 Barry Drive	Westbury, NY 11590

11. E-mail Address: manojtrehan7@gmail.com
(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: 10/26/2015 Daytime Phone #: 917-257-1823

Typed or printed name of signing Authorized Representative/Manager: Seema Trehan