

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 15 AM 9:52

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # M01000002539

1. Limited Liability Company's Name

PRIMORIS CAPITAL MANAGEMENT, LLC

2. Principal Office Address

2000 PGA Blvd

Suite, Apt. #, etc.

Suite 3206

City & State

Palm Beach Gardens, FL

Zip

33408

Country

USA

3. Mailing Office Address

107 Newbridge Road

Suite, Apt. #, etc.

City & State

Hicksville, NY

Zip

11801

Country

USA

4. State/Country of Formation

New York

5. Date Organized or Qualified  
To Do Business in Florida

11/8/2001

6. FEI Number

11-3555583

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

John A Catalfamo

Street Address (P.O. Box Number is Not Acceptable)

5510 N. Ocean Drive

Suite, Apt. #, Etc.

Apt 14-C

City

Singer Island

State

FL

Zip Code

33404

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

*John A. Catalfamo*

REGISTERED AGENT MUST SIGN

Date 11-10-05

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
MGRM	Raymond L. Eaton	107 Newbridge Road	Hicksville, NY 11801
MGRM	John A. Catalfamo	5510 N. Ocean Drive Apt 14C	Singer Island, FL 33404

REINSTATEMENT 03-05

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 608.406, 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.

Signature of  
Managing Member/Manager

*Raymond L. Eaton*

Date 11-11-2005 Daytime Phone# 516-433-6493

Typed or printed name of signing Managing Member/Manager RAYMOND L. EATON