


APPROVED
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM NOV 26 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>MO100000 2674</u>			
1. Limited Liability Company's Name L00000009064 LB Florida PGA LLC			
2. Principal Office Address 200 Vesey Street Suite, Apt. #, etc. City & State New York, New York Zip 10285		3. Mailing Office Address 101 Hudson Street Suite, Apt. #, etc. City & State Jersey City, New Jersey Zip 07302	
4. State/Country of Formation Delaware/USA		5. Date Organized or Qualified To Do Business in Florida 7/31/2000	
6. FEI Number 13-4150760		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$500 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301			
9. I, being appointed the registered agent of the above named limited liability company, and familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Brian Courtney</u> Asst. V. Pres. Date <u>11-26-01</u> REGISTERED AGENT MUST SIGN			
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	PAMI LLC as Managing Member	200 Vesey Street	New York, New York 10285
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 <u>Anna M. Walters</u> Date <u>11/20/2001</u> Daytime Phone # <u>212-455-7649</u> Typed or printed name of signing Managing Member/Manager <u>PAMI LLC, as Managing Member Anna M. Walters/Assistant Secretary</u>			

REINSTATEMENT 2001

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