12/02/02 11:23 LEHMAN CORP TAX 18505211010 NO.223 002

M01000002674

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC -2 PM 2:57

DOCUMENT # M01000002674

1. Limited Liability Company's Name
LB Florida PGA LLC

2. Principal Office Address		**3.** Mailing Office Address	
745 7th Avenue		101 Hudson St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		39th Fl.	
City & State		City & State	
New York, NY		Jersey City, NJ	
Zip	Country	Zip	Country
10019	US	07302	US

4. State/Country of Formation
Delaware

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 ☐ $5.00 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.
400009299494

City
Tallahassee

State
FL

Zip Code
32301

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 _____ Date 12-2-02
REGISTERED AGENT MUST SIGN

CR2E041 (5/01)

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
Member	PAMI LLC	745 7th Avenue	New York, NY 10019
		REINSTATEMENT 2002	AL

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 608.408, 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 Aaron Guth Date 12-2-02 Daytime Phone # (201) 524-5430

Typed or printed name of signing Managing Member/Manager Aaron J. Guth

ACCOUNT NO. : 072100000032

REFERENCE : 838763 5032643

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 155.00

ORDER DATE : December 2, 2002

ORDER TIME : 12:0 PM

ORDER NO. : 838763-005

CUSTOMER NO: 5032643

CUSTOMER: Vanessa Pazmino
Lehman Brothers, Inc.
Floor 39th
101 Hudson Street
Jersey City, NJ 07302

RECEIVED
02 DEC -2 PM 4:05
FLA. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: LB FLORIDA PGA LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____