


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRET
DIVISION
07 OCT 16 PH 3:43

DOCUMENT # M02000001653 1. Entity Name PFI, LLC					
Principal Place of Business 327 PINE STREET PAWTUCKET, RI 02860			Mailing Address 327 PINE STREET PAWTUCKET, RI 02860		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10112007 REIN-LLC CR2E101 (1/07)	
4. FEI Number 04-3681186				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIRSCH, DAVID M 327 PINE STREET PAWTUCKET, RI 02860		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> <div style="text-align: center; font-weight: bold;"> 800110863338 10/16/07--01066--002 **50.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div> <small>Date</small> _____ </div> <div> <small>Daytime Phone #</small> _____ </div> </div>					