

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 27 AM 10:54

<b>DOCUMENT # M03000003684</b> 1. Entity Name ANUSHKA PBG ACQUISITION SUB, LLC					
Principal Place of Business 2511 S DIXIE HWY WEST PALM BEACH, FL 33404				Mailing Address 2511 S DIXIE HWY WEST PALM BEACH, FL 33404	
2. Principal Place of Business		3. Mailing Address <b>501 MERRITT 7</b> <b>5 FLOOR</b>			
Suite, Apt #, etc		Suite, Apt #, etc.			
City & State		City & State <b>NORWALK, CT 06851</b>			
Zip	Country	Zip <b>06851</b>	Country <b>U.S.A.</b>	4. FEI Number 09222006 REIN-LLC CR2E101 (11/05) 65-1174522	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$200.00</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAKOWSKI, RICHARD 2511 S DIXIE HWY WEST PALM BEACH, FL 33404 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURRIS, MATTHEW 501 MERRITT 7 - NORWALK, CT 06851 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIGGINS, JOHN 2511 S DIXIE HWY WEST PALM BEACH, FL 33404 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HADDAD, WADE 501 MERRITT 7 - NORWALK, CT 06851 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SASSOON, ELAN 2511 S DIXIE HWY WEST PALM BEACH, FL 33404 <input type="checkbox"/> Delete		600080222086 09/27/06--01045--023 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIPMAN, ANDREW D 10 GLENVILLE STREET GREENWICH, CT 06831 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANDELL, EDWARD R 405 LEXINGTON AVENUE NEW YORK, NY 10174 <input type="checkbox"/> Delete		REINSTATEMENT 2006 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <u>Wade Haddad</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			9/26/06 203-295-2121 Date Daytime Phone #		