M0800003393

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 28 AM 10: 02

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08000 003393

1. Limited Liability Company's Name

PB Hollywood II Lofts, LLC
10

800196331328
03/01/11--01001--016 **377.50
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	
230 Park Avenue	230 Park Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4. State/Country of Formation** Delaware
		5. Date Organized or Qualified To Do Business in Florida 7/17/08
City & State New York, New York	City & State New York, New York	**6. FEI Number** 262994240 — ☐ Applied For ☐ Not Applicable
Zip 10169 — Country USA	Zip 10169 — Country USA	**7.** CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301

E-mail Address:

bblock@pb-us.com
(To be used for future annual report notices)

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 _(signature)_ — REGISTERED AGENT MUST SIGN — Michele Holden, Asst. Secretary — Date 02/28/11

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
MGR	Robert Persico	230 Park Avenue	New York, NY 10169
MGR	Ann Wilhelm	230 Park Avenue	New York, NY 10169
MGR	Alfredo Zullo	230 Park Avenue	New York, NY 10169
	REINSTATEMENT 2010-2011		

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _(signature)_ Date 2/28/11 — Daytime Phone # 212 756 5608

Typed or printed name of signing Managing Member/Manager: Ann Wilhelm