

M08000003393

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

LIMITED LIABILITY COMPANY REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



PK

DOCUMENT # M08000003393
1. Limited Liability Company's Name
PB Hollywood II Lofts, LLC

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

2. Principal Office Address - No P.O. Box #
230 Park Avenue
Suite, Apt. #, etc.
City & State
New York, New York
Zip Country
10169 USA

3. Mailing Office Address
230 Park Avenue
Suite, Apt. #, etc.
City & State
New York, New York
Zip Country
10169 USA

4. State/Country of Formation
Delaware
5. Date Organized or Qualified To Do Business in Florida
7/17/08
6. FEI Number
262994240
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:
PK
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 *Michele Holden* Michele Holden, Asst. Secretary Date 02/28/11
REGISTERED AGENT MUST SIGN

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 *Ann Wilhelm* Date 2/28/11 Daytime Phone # 2127305608
Typed or printed name of signing Managing Member/Manager Ann Wilhelm