

Division of Corporations

M97000000/87

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
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From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 521-1030

RESUBMIT

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02 JAN 31 PM 3:06
STATE
TALLAHASSEE, FLORIDA

RECORDED

LIMITED LIABILITY REINSTATEMENT**PWA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$355.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 28, 2002

PWA LLC
C/O HUNTER REAL ESTATE MGMT. CORP.
1979 MARCUS AVE., SUITE E-115
LAKE SUCCESS, NY 11042

SUBJECT: PWA LLC
REF: M97000000187

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN 31

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TALLAHASSEE, FLORIDA

02 JAN 31

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M97000000187

1. Limited Liability Company's Name
PWA LLC

2. Principal Office Address

c/o Feldman

Suite, Apt. #, etc.

17120 NorthWay Circle

City & State

Boca Raton, FL

Zip

Country

33496

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

New York

5. Date Organized or Qualified
To Do Business in Florida

4/15/97

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒\$9.00 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.

City

Tallahassee

State
FLZip 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*Deborah D. Skipper*Deborah D. Skipper
Asst. V. Pres.

Date 1/28/02

REGISTERED AGENT MUST SIGN

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
MGRM	ANN FELDMAN	c/o 17120 NorthWay Circle	Boca Raton, FL 33496

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.

Signature of
Managing Member/Manager*Ann Feldman*

Date

1/25/02

Daytime Phone#

Typed or printed name of signing Managing Member/Manager ANN FELDMAN, MANAGING MEMBER

10001 1/02/02