


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 9: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300112221863

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # M98000000846																															
1. Limited Liability Company's Name PW Acquisitions X, LLC																															
2. Principal Office Address - No P.O. Box # 1285 Ave. of the Americas Suite, Apt. #, etc. Attn: Legal Dept. City & State New York, NY Zip 10019 Country USA		3. Mailing Office Address 1285 Ave. of the Americas Suite, Apt. #, etc. Attn: Legal Dept. City & State New York, NY Zip 10019 Country USA																													
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 8/6/1998																													
6. FEI Number 13-4008859		Applied For <input type="checkbox"/> Not Applicable																													
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 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 FL Zip Code 32301-260																															
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  Brian Courtney Asst. V. Pres. Date <u>11/12/07</u> REGISTERED AGENT MUST SIGN																															
10. Names and Street Addresses of Managing Members/Managers <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Mng. Member</td> <td>PW Realty Partners, LLC</td> <td>1285 Ave. of the Americas</td> <td>New York, NY 10019</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	Mng. Member	PW Realty Partners, LLC	1285 Ave. of the Americas	New York, NY 10019																				
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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  Jane E. Nutson Date <u>11/9/07</u> Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager PW Acquisitions Corp.; Jane E. Nutson, Asst. Secy																															

REINSTATEMENT

07



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 313017 5168212

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 150.00

ORDER DATE : November 9, 2007

ORDER TIME : 4:48 PM

ORDER NO. : 313017-005

CUSTOMER NO: 5168212

REINSTATEMENT

NAME: PW ACQUISITIONS X, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney

EXAMINER'S INITIALS _____

RECEIVED
07 NOV 13 AM 8:56
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA