

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # Z00533

1. Limited Liability Company's Name

P.L. Associates LC

2. Principal Office Address - No P.O. Box #
3138 Commodore Plaza

Suite, Apt. #, etc.
Suite 102

City & State
Miami, Florida

Zip Country
33133 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

03-19-1992

6. FEI Number

65-0322054

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Manuel Alonso-Poch

Street Address (P.O. Box Number is Not Acceptable)
3138 Commodore Plaza

Suite, Apt. #, Etc.
Suite 102

City
Miami, Florida

State Zip Code
FL 33133

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

Date **June 24, 2010**

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
Mgr	Donna Sweeny	3138 Commodore Plaza	Miami, Fl. 33133
Mgr	Lou Noutone	3138 Commodore Plaza	Miami, Florida 33133
Mgr	Manuel Alonso-Poch	3138 Commodore Plaza	Miami, Florida 33133
REINSTATEMENT 07-10 400182689834 06/28/10--01063--011 **377.50 DB			

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Date

6/24/2010

Daytime Phone #

305-448-4053

Typed or printed name of signing Managing Member/Manager