

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 MAY 20 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# LO2000029712

1. Limited Liability Company's Name
Brave Property Management

2. Principal Office Address 12545 Lake Denise Blvd		3. Mailing Office Address 12545 Lake Denise Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clermont, FL		City & State Clermont FL	
Zip 34711	Country USA	Zip 34711	Country USA

300032012973
05/25/04--01070--010 **50.00

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 11-06-02	
6. FEI Number 43-2022422	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Davis Lee Lowery		
Street Address (P.O. Box Number is Not Acceptable) 12545 Lake Denise Blvd.		
Suite, Apt. #, Etc.		
City Clermont	State FL	Zip Code 34711

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 **5-31-04**
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
President	Davis L. Lowery	12545 Lake Denise Blvd	Clermont, FL

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 Date **5-31-04** Daytime Phone# **352-242-2080**
Typed or printed name of signing Managing Member/Manager **Davis L. Lowery**

CR2E041 (10/02)

REINSTATEMENT **03-04**