


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
2005 APR 20 PM 2:24  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L 030000 10335

1. Limited Liability Company's Name  
1951 Brandywine, LLC

2. Principal Office Address 433 Savoie Drive Suite, Apt. #, etc.		3. Mailing Office Address 433 Savoie Drive Suite, Apt. #, etc.	
City & State Palm Beach Gardens Florida		City & State Palm Beach Gardens, Florida	
Zip 33410 <del>Flora</del>	Country USA	Zip 33410	Country USA

4. State/Country of Formation Florida USA	
5. Date Organized or Qualified To Do Business in Florida March 21, 2003	
6. FEI Number 81-0632007	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: James Topps

Street Address (P.O. Box Number is Not Acceptable): 433 Savoie Drive

Suite, Apt. #, Etc.: 400054214624

City: Palm Beach Gardens

State: FL Zip Code: 33410

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: James Topps Date: APRIL 19, 2005

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
Manager	James Topps	433 Savoie Drive	Palm Beach Gardens Florida 33410
Manager	Gail Topps	433 Savoie Drive	Palm Beach Gardens Florida 33410

**REINSTATEMENT 2005**

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: Gail Topps Date: April 19, 2005 Daytime Phone # 561-694-1384

Typed or printed name of signing Managing Member/Manager: Gail Topps

CR2E041 (10/02)