

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 15 AM 9:17

DOCUMENT # **L 04000048654**

1. Limited Liability Company's Name
BRAND MAKERS WORLDWIDE, LLC.

2. Principal Office Address
500 SOUTH OCEAN BLVD

3. Mailing Office Address

Suite, Apt. #, etc.
APT 208

Suite, Apt. #, etc.

City & State
BOCA RATON

City & State

Zip
33432

Country
PALM BEACH

Zip

Country

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
6-30-04

6. FEI Number
56-2472735

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name **David Tobin Tobin & Reyes, P.A.**
Street Address (P.O. Box Number is Not Acceptable) **7251 West Palmetto Park Rd**
Suite, Apt. #, Etc. **205**
City **Boca Raton**
State **FL** Zip Code **33433**

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 REGISTERED AGENT MUST SIGN

Date _____

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
PRES.	MICHAEL EHRLICH	500 SOUTH OCEAN BLVD APT 208	BOCA RATON, FL 33432

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 **10/18/05** Daytime Phone # **561-445-8200**

Typed or printed name of signing Managing Member/Manager **MANAGING MEMBER**