


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 10 AM 10:02

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000008018**

1. Limited Liability Company's Name
Brother's investments group, llc

2. Principal Office Address 7507 Brightwater place		3. Mailing Office Address 7507 Brightwater place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State oviedo, fl		City & State oviedo, fl	
Zip 32765	Country usa	Zip 32765	Country usa

CR2E041 (8/05)

4. State/Country of Formation
florida/usa

5. Date Organized or Qualified To Do Business in Florida
january, 2005

6. FEL Number
20-2134933

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

8. Name and Address of Current Registered Agent

Name
yousef bashir

Street Address (P.O. Box Number is Not Acceptable)
7507 Brightwater place

Suite, Apt. #, Etc.

City
oviedo

State
FL

Zip Code
32765

000080637750
10/11/06--01003--001 **150.00

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 *Yousef M. M.* Date 10-02-2006

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	yousef bashir	7507 Brightwater place	oviedo, fl. 32765
MGRM	anuar bashir	7507 Brightwater place	oviedo, fl. 32765
MGRM	khamis bashir	7507 Brightwater place	oviedo, fl. 32765

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 *Yousef M. M.* Date 10-02-2006 Daytime Phone # (407) 617-1998

Typed or printed name of signing Managing Member/Manager _____