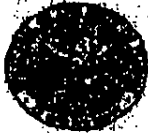


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

12 OCT 16 PH 12:17

TALLAHASSEE, FLORIDA

DOCUMENT # L08000043801

1. Limited Liability Company's Name

BROTHERS ACQUISITIONS, LLC

REINSTATEMENT 12

2. Principal Office Address - No P.O. Box #

4050 NW 29 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33142

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida

4/30/08

6. FEI Number

262598117

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name

ENRIQUE RAMOS

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

4050 NW 29 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

E-mail Address:

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/11/12

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGR</u>	<u>ENRIQUE RAMOS</u>	<u>4050 NW 29 ST</u>	<u>MIAMI, FL 33142</u>
			<u>300240885583</u> <u>10/21/12--01001--012 **200.00</u>
			<u>300240885583</u> <u>10/21/12--01001--013 **43.75</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 606.406, 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. I am aware that false information furnished in a document to the Department of State constitutes a third degree felony as provided for in s.817.166, F.S.

Signature of Managing Member/Manager

Date 10/11/12

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

B. BOSTICK

OCT 17 2012

EXAMINER

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RECEIVED  
DEPARTMENT OF STATE  
12 OCT 16 PM 3:41

BROTHERS ACQUISITIONS, LLC

- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

TALLAHASSEE, FLORIDA  
12 OCT 16 PM 12:17  
FILED

Signature \_\_\_\_\_

Requested by: SETH      10/16/12  
Name                      Date                      Time

Walk-In \_\_\_\_\_      Will Pick Up \_\_\_\_\_

B. BOSTICK  
OCT 17 2012  
EXAMINER