

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FILED

12 NOV -8 AM 4:36

DOCUMENT # 604000025554

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Brannen Home Improvements LLC

CR2E041 (1/11)

791 Ridge Rd
Suite Apt # etc

Pd Box 676
Suite Apt # etc

Suite, Apt. #, etc.

City & State

FASTBO, 97

Flu.

Zip	Country
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3232f

Franklin

32328

Florida

5. Date Organized or Qualified To Do Business in Florida

4/5/24

Applied For

20-094(28 +

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

**\$5.00 Additional Fee required
for a Certificate of Status**

Name CHAI, J. FRANK

POB: XG 76

Suite, Apt. #, Etc.

City 791 Ridge Rd

City EASTPOINT

State

FL

Zip Code

3232f

000241642790
11/09/12--01002--009 **377.50

(To be used for future annual report notices)

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
	<i>Charles Brannen</i>	<i>791 Ridge Rd</i>	<i>East Point FL 32328</i>

D. BRUCE

NOV 08 2012

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 ~~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 ~~and the information~~ and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____

Typed or printed name of signing Managing Member/Manager

Date _____

Daytime Phone #

FSU-370-6338