

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2013 SEP -6 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT #

1. Limited Liability Company's Name

Brower Investments, L.L.C.  
L07000004984

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

124 Benning Drive  
Suite 11

City & State  
Destin, FL

Zip  
32541

Country  
Okaloosa

3. Mailing Office Address

234 Diamond Cove

Suite, Apt. #, etc.

City & State  
Destin, FL

Zip  
32541

Country  
Okaloosa

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

1/15/2007

6. FEI Number

11-3805527

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
Geoffrey D. Brower

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

Suite, Apt. #, Etc.

City  
Destin

State  
FL

Zip Code  
32541

E-mail Address:

700251484317  
09/06/13--01017--002 \*\*932.50

gbrower@classiccookie.com

(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 608, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 9-4-2013

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	Geoffrey D. Brower	234 Diamond Cove	Destin, FL 32541
MGR	Chris M. Brower	<del>19 Rossman Lane</del> 800 Belle Terre Parkway Suite 200 PMB 135	Palm Coast, FL 32164
			B. BOSTICH SEP - 9 2013
			REINSTATEMENT EXAMINER

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. 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

*[Signature]*

Date 9-4-2013

Daytime Phone # 250-687-9393

Typed or printed name of signing Managing Member/Manager Geoffrey D. Brower