PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 22 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L-2970

1. Limited Liability Company's Name

BRUNER BROS., LLC

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
875 SE Monterey Commons Blvd.	875 SE Monterey Commons Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Stuart, FL 34996	Stuart, FL 34996
City & State	City & State
Zip / Country	Zip / Country

4. State/Country of Formation: Florida, United States

5. Date Organized or Qualified -To Do Business in Florida: 3/15/2000

6. FEI Number: 59-3636869 ☐ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent

Name: M. Lanning Fox, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1100 S. Federal Highway

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-10/30/01--01062--001
****155.00 ****155.00

Suite, Apt. #, Etc.

City: Stuart | State: FL | Zip Code: 34994

9. I, being appointed the registered agent of the above name limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: MFox — REGISTERED AGENT MUST SIGN — Date: 10/17/01

CR2E041 (9/01)

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	James K. Bruner	19 Riverview Drive	Stuart, FL 34996
MGR	Jeffrey C. Bruner	105 Hillcrest Court	Stuart, FL 34996

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: James K. Bruner — Date: 10/16/01 — Daytime Phone # 561-283-4774

Typed or printed name of signing Managing Member/Manager: James K. Bruner