

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**10 SEP -9 PM 12:22**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

*Friedman & Brown LLC*

200184465242  
09/08/10--01029--004 \*\*13.75

200184465242  
08/18/10--01032--015 \*\*125.00  
CR2E041 (05/10)

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

*3330 NW 53 Street*

Suite, Apt. #, etc.

*Ste. 306*

City & State

*Ft. Lauderdale, FL*

Zip

*33309*

Country

*USA*

3. Mailing Office Address

*3330 NW 53 Street*

Suite, Apt. #, etc.

*Ste. 306*

City & State

*Ft. Lauderdale, FL*

Zip

*33309*

Country

*USA*

4. State/Country of Formation

*Florida, USA*

5. Date Organized or Qualified  
To Do Business in Florida

*4/23/00*

6. FEI Number

*65-0497714*

☐ Applied For

☐ Not Applied

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee req.  
for a Certificate of Stat

8. Name and Address of Current Registered Agent

Name

*Robert A. Friedman*

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

*3330 NW 53 Street*

Suite, Apt. #, Etc.

*Ste 306*

City

*Ft. Lauderdale, FL*

State

*FL*

Zip Code

*33309*

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 *8/16/10*

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
Mr.	Robert A. Friedman	3330 NW 53 St #306	Ft. Lauderdale, FL 33309
Mr.	Joel A. Brown	3330 NW 53 St #306	Ft. Lauderdale, FL 33304

**REINSTATEMENT**

11. E-mail Address: *Robert.F@FBLegal.com*

(To be used for future annual report notifications)

12. 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

*[Signature]*

Date *8/16/10*

Daytime Phone #

*954-966-0111*