

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L00000010167

1. Limited Liability Company's Name

BRAINS - TRUST GROUP LC

2. Principal Office Address

1897 Palm Beach Lakes BLVD

Suite, Apt. #, etc.

Suite 226

City & State

West Palm Beach, FL

Zip

33409

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

8/22/2000

6. FEI Number

65-1033800

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

Warner & Associates CPA, P.A.

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

1897 Palm Beach Lakes BLVD., Suite 226

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33409

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

12/17/02

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
MGRM	MARIC, TIHOMIR	1897 PALM BEACH LAKES BLVD., SU	WEST PALM BEACH, FL 33409
MGRM	AJVAZ, SLOBODAN	1897 PALM BEACH LAKES BLVD., SI	WEST PALM BEACH, FL 33409
	FF \$500 CLES 5		
			2002-2003 let 1/24

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

Date

12/03/2002

Daytime Phone #

+38763319376

Typed or printed name of signing Managing Member/Manager

AJVAZ SLOBODAN