

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 11

DOCUMENT#

L00000011771

1. Limited Liability Company's Name

Brooks Parkway, LLC

500005326745--1
-04/23/02--01064--016
****200.00 ****200.00

2. Principal Office Address

1194 Hillsboro Mile

3. Mailing Office Address

1194 Hillsboro Mile

Suite, Apt. #, etc.

#16

Suite, Apt. #, etc.

#16

City & State

Hillsboro Beach

City & State

Florida

Zip

33062

Country

U.S.A.

Zip

33062

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/27/00

6. FEIN Number

06-1595899

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 (Add extra fee request
for Certificate of Status)

8. Name and Address of Current Registered Agent

Name

Harold J. Brooks

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

1194 Hillsboro Mile

Suite, Apt. #, Etc.

#16

City

Hillsboro Beach

State

FL

Zip Code

33062

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligation

of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 03/26/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGRM	Harold J. Brooks	1194 Hillsboro Mile, #16	Hillsboro Beach Florida 33062

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in
filing these reinstatement applications thereon for dissolution has been eliminated, the limited liability company names and
all fees owed by the limited liability company have been paid. The information provided on this application is true and accurate
as if made under oath.

Chapter 608, F.S. (I further certify that when
I file these requirements of section 608.408, F.S., and that
is, and my signature shall have the same legal effect

Signature of
Managing Member/Manager

[Signature]

Date 03/26/02 Daytime Phone # 954/481-2732

Typed or printed name of signing Managing Member/Manager