

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 21 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L00000014086

1. Limited Liability Company's Name

BROTHERS OCK, L.L.C.

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

3409 N. 22nd ST.

Suite, Apt. #, etc.

City & State

Tampa, FL 33605

Zip

33605

Country

3. Mailing Office Address

3409 N. 22nd ST.

Suite, Apt. #, etc.

City & State

Tampa, FL 33605

Zip

33605

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 11/15/2000

6. FEI Number

593700970

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

SIN YO

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

8894 N 56TH ST

Suite, Apt. #, Etc.

City

TEMPLE TERRACE

State

FL

Zip Code

33617

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Date 813-244-0012

REGISTERED AGENT MUST SIGN

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	OCK, SUNG SIK	14606 TURNING LEAF CT.	TAMPA, FL 33626

300155671233
05/08/09--01015--001 **1110.00

REINSTATEMENT 02-09

DBRICE

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 05/05/09

Daytime Phone # 813-244-0012

Typed or printed name of signing Managing Member/Manager