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APPROVED
AND
FILED
03 APR -8 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000002171

1. Limited Liability Company's Name

NELSON, BROWN AND WILLIAMS, LLC

100015478564
04/08/03--01073--016 **205.00

2. Principal Office Address 1113 SW 158 TH AVE Suite, Apt. #, etc.		3. Mailing Office Address 1113 SW 158 TH AVE Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA, USA	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL		5. Date Organized or Qualified To Do Business in Florida 8 FEB 2001	
Zip 33027	Country USA	Zip 33027	Country USA	6. FEI Number 65-1083049	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>					\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	
Name Kevin D. Williams	
Street Address (P.O. Box Number is Not Acceptable) 1113 SW 158 TH AVE	
Suite, Apt. #, Etc.	
City Pembroke Pines, FL	State FL
Zip Code 33027	

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] Date 3/12/03

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	Joyce V. Williams	1113 SW 158 TH AVE	Pembroke Pines, FL 33027
MGR	Kevin D. Williams	1113 SW 158 TH AVE	Pembroke Pines, FL 33027

REINSTATEMENT 2002-2003

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 [Signature] Date 3/12/03 Daytime Phone # 305-537-4641

Typed or printed name of signing Managing Member/Manager _____