

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000011248

1. Limited Liability Company's Name

B.R. GREEN, LLC

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

2040 Polk Street

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33020

Country

Broward

3. Mailing Office Address

1145 Satinleaf Street

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33019

Country

Broward

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

7/11/2001

6. FEI Number

65-1130469

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

Michael Greenwald

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

2040 Polk Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

E-mail Address:

mxgreen@bellsouth.net

(To be used for future annual report notices)

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

*Michael Greenwald*

Date

9/1/2012

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
MEM	BERT GREENWALD	1145 Satinleaf Street	Hollywood, FL 33019

REINSTATEMENT 10-12

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09/05/12-01001-006 \*\*521.25

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*Bert Greenwald*  
BERT GREENWALD

Date

9/1/12

Daytime Phone #

954-926-7582

Typed or printed name of signing Managing Member/Manager