

**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

FILED
15 DEC 29 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box # 2040 Polk Street		3. Mailing Office Address 1145 Satinleaf Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33020	Country United States	Zip 33019	Country United States

CR2E041 (1/14)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 07/11/2001	
6. FEI Number 65-1130469	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name Michael Greenwald		
Street Address (P.O. Box Number is Not Acceptable) Suite 2040 Polk Street		
Apt. #, Etc.		
City Hollywood	State FL	Zip Code 33020

000280452840
12/29/15-01022-011 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

12/28/2015

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Bert Greenwald	1145 Satinleaf Street	Hollywood, FL 33019

11. E-mail Address: **mxgreen@bellsouth.net**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Bert Greenwald
Bert Greenwald, Manager

12/28/2015
954-923-2250

Daytime Phone #