

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000017662

Name and Mailing Address

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BROWN HOLDINGS TOO, LLC
10102 SW 60TH AVE
MIAMI FL 33156-2013

REINSTATEMENT 2003-2004



2. New Mailing Address PO BOX 565606		4. State/Country of Formation FL	
City, State, Zip MIAMI FL 33156		5. "Date Organized or Qualified" To Do Business in Florida 10/15/2001	
Principal Place of Business 10102 SW 60TH AVE MIAMI FL 33156	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 20-0746230 APPLIED FOR	Applied For Not Applicable
8. Name and Address of Current Registered Agent BROWN, WILLIAM T III 10102 SW 60TH AVE MIAMI FL 33156		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 REQUIRED Date REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PD	BROWN, WILLIAM III	10102 SW 80 AVE	MIAMI FL 33159
VP	BROWN, LAURA	10102 SW 80 AVE	MIAMI FL 33159
		500024820375 11/19/03--01006--004 **150.00	
		500024820375 04/12/04--01107--009 **50.00	
REINSTATEMENT 2003-2004			
12. 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 REQUIRED Date 10-28-03 Daytime Phone # 305-595-2037 Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)