

▲ Tear Here ▲


▲ Tear Here ▲

▲ Tear Here ▲

2002-2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT <i>LLC UBR</i>	 <p>FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>
---	--

1. DOCUMENT # L01000021611

Name and Mailing Address

0003554 01 PP 0.352 **PRST T1 0 0615 33326-175224



BRAVO MANAGEMENT, LLC
16624 ROYAL POINCIANA DRIVE
WESTON FL 33326-1752

BSU

FILED
03 MAR 20 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address <i>16530 Laketree Drive</i>		4. State/Country of Formation FL	
City, State, Zip <i>Weston FL 33326</i>		5. Date Organized or Qualified To Do Business in Florida 12/13/2001	
Principal Place of Business <i>16624 ROYAL POINCIANA DRIVE WESTON FL 33326</i>	3. New Principal Place of Business Address <i>16530 Laketree Dr</i>		6. FFI Number <i>02-0545693</i>
City, State, Zip <i>Weston FL 33326</i>		Applied For Not Applicable	
8. Name and Address of Current Registered Agent <i>BRAVO, ANDREW 16624 ROYAL POINCIANA DRIVE WESTON FL 33326</i>		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent <i>BRAVO, ANDREW</i>		Street Address (P.O. Box Number is Not Acceptable) <i>16530 Laketree Dr</i>	
City <i>Weston</i>		State FL	
Zip Code <i>33326</i>			
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 <i>[Signature]</i> Date <i>10/29/02</i> 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
MR	Andrew Bravo MGR	<i>16530 Laketree Dr</i>	<i>Weston FL 33326</i>
			700010017787 01/10/03--01066--001--**165.00
			01/10/03--01066--001 **165.00
			02/14/03--01062--017 **100.00

2002
+ 2003
UBR

Br

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 <i>[Signature]</i>	Date <i>10/29/02</i> Daytime Phone # <i>954.385.8559</i>
Typed or printed name of signing Managing Member/Manager <i>Andrew Bravo</i>	

CR2E084 (8/02)

292
LOI 000021611

November 30, 2002

Division of Corporations
Registration Section
409 E Gaines St
Tallahassee, FL 32399

FILED
03 MAR 20 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To whom it may concern:

Enclosed is a check for \$165.00 to cover the reinstatement fees for Rogers Blake & Associates, LLC and Bravo Management LLC and Lincoln Zara Investments. All three companies were relocated to a central address this year and we never received the mailing requesting the annual report. We finally just received the Reinstatement form for Bravo Management and Lincoln Zara, but have still not received any correspondence for Rogers Blake. Please reinstate all three corporations. Please contact me if you have any questions or require any additional information to complete the necessary reinstatements. Thank you for your assistance.

Sincerely,



Andrew Bravo

YOU CAN CONTACT ME OR SUZETTE KINGSLEY
AT 954-385-8554 IF YOU HAVE ANY
QUESTIONS.

THANK YOU