

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**L01000021659**

02 DEC 26 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000021659

Name and Mailing Address

0000145 01 FP 0.352 \*\*PRST T1 0 0615 33131-362508



THE BRAND GROUP, LLC  
1408 BRICKELL BAY DR. #1208  
MIAMI FL 33131-3625

300009687403  
12/26/02--01024--004 \*\*150.00



REJH

12/26 2002

2. New Mailing Address  City, State, Zip		4. State/Country of Formation  FL	
Principal Place of Business 1408 BRICKELL BAY DR. #1208 MIAMI FL 33131		5. Date Organized or Qualified To Do Business in Florida  12/14/2001	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 01-0620437	Applied For 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  RAZA, IVO 1408 BRICKELL BAY DR. #1208 MIAMI FL 33131	9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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 IVO RAZA Date 12/1/02

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
PRESIDENT	IVO RAZA	1408 BRICKELL BAY DR. #1208 MIAMI, FL 33131	MIAMI, FL 33131

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 IVO RAZA Date 12/1/02 Daytime Phone # 305 371-3894

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)