

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000006474

1. Limited Liability Company's Name

THE BRANDYWINE ORGANIZATION, LLC

100024380251
11/03/03--01065--008 **150.00

2. Principal Office Address

215 North Birch Road

Suite, Apt. #, etc.

4-A

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

3. Mailing Office Address

215 North Birch Road

Suite, Apt. #, etc.

4-A

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

03-19-2002

6. FEI Number

010643419

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Murray, David G., Esq.

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

1401 E. Broward Blvd.

Suite, Apt. #, Etc.

200

City

Fort Lauderdale

State

FL

Zip Code

33301

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

REGISTERED AGENT MUST SIGN

Date **10-31-03**

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
MGRM	Bruce Matzel	215 North Birch Road #4-A	Fort Lauderdale, FL 33004

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.

Signature of
Managing Member/Manager

Date **10-31-03**

Daytime Phone#

Typed or printed name of signing Managing Member/Manager

Bruce Matzel

CR2E041 (10/02)