

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 JUN -7 P 4:56

SECRETARY OF STATE

200286630432
06/08/16--01003--003 **1353.75

DOCUMENT #

1. Limited Liability Company's Name

Brown & Associates, LLC

2. Principal Office Address - No P.O. Box #

2108 Mulberry Blvd

Suite, Apt. #, etc

3. Mailing Office Address

223 E. Virginia St.

Suite, Apt. #, etc

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32303

Country

USA

Zip

32301

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

3/22/2002

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Deveron L. Brown

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

1555 Delaney Drive

Apt. #, Etc.

#302

City

Tallahassee

State

FL

Zip Code

32308

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

[Signature]
REGISTERED AGENT MUST SIGN

Date June 7, 2016

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
AMBR	Alanka Brown	PO Box 3781	Tallahassee FL 32315

11. E-mail Address.

(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

[Signature]

Date

4/7/16

Daytime Phone #

850-561-2087

Typed or printed name of signing authorized representative/member