

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
**Secretary of State**  
DIVISION OF CORPORATIONS

**FILED**

**03 OCT 30 AM 8:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

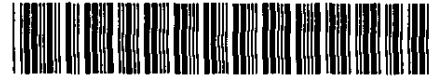
**1. DOCUMENT # L02000006911**

Name and Mailing Address

0002022 01 AT 0.292 \*\*AUTO TO 0 0615 32303-631513



**BROWN & ASSOCIATES, L.L.C.**  
**913 N. GADSDEN ST.**  
**TALLAHASSEE FL 32303-6315**



2. New Mailing Address <b>223 East Virginia Street</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>Tallahassee, FLORIDA 32301</b>		5. Date Organized or Qualified To Do Business in Florida <b>03/22/2002</b>	
Principal Place of Business <b>913 N. GADSDEN ST. TALLAHASSEE FL 32301</b>	3. New Principal Place of Business Address <b>223 E. Virginia St.</b>	6. FEI Number	Applied For Not Applicable
City, State, Zip <b>Tallahassee, FL 32301</b>		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
8. Name and Address of Current Registered Agent <b>BROWN, DEVERON L ESQ. 1555 DELANY ROAD, #1814 TALLAHASSEE FL 32308</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>000024294210</b> <b>10/30/03--01058--016 **150.00</b> City <b>FL</b> 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 **Deveron L Brown** **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10/28/03**

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
<b>MGRM</b>	<b>BROWN, DEVERON L ESQ.</b>	<b>1555 DELANY ROAD, #1814</b>	<b>TALLAHASSEE FL 32308</b>

**REINSTATEMENT** **03**  
**dec**

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 **Deveron L Brown** **SIGNATURE REQUIRED**

Date **10/28/03**

Daytime Phone # **(850) 561-0087**

Typed or printed name of signing Managing Member/Manager