

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 DEC 18 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000023703

Name and Mailing Address

0013138 01 AT 0.292 \*\*AUTO T7 0 0615 33498-620567



BRENTWOOD APARTMENTS, LLC  
11767 BAYFIELD DRIVE  
BOCA RATON FL 33498-6205



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/11/2002	
Principal Place of Business 11767 BAYFIELD DRIVE BOCA RATON FL 33498 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 TILLEY, MICHAEL R 2000 GLADES ROAD SUITE 306 BOCA RATON FL 33431		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  REGISTERED AGENT MUST SIGN Date			
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
MGRM	KRISHNA PERSAUD,	11767 BAYFIELD DRIVE	BOCA RATON FL 33498
700025594857 12/18/03--01020--002 **150.00			
REINSTATEMENT 03			

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

SIGNATURE REQUIRED

Date

12/10/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager