

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 11 AM 8:34

DOCUMENT # L02000026986

1. Limited Liability Company's Name

Charles Brown Enterprises, LLC

REINSTATEMENT 04-05

2. Principal Office Address

810 N. Congress Ave.

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

Zip

33404

Country

US

3. Mailing Office Address

810 N. Congress Ave.

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

Zip

33404

Country

US

4. State/Country of Formation

Florida, US

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

10/11/2002

6. FEI Number

262340547

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

Domenick R. Lioce

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

1645 Palm Beach Lakes Blvd

Suite, Apt. #, Etc.

Suite 1200

City

West Palm Beach

State

FL

Zip Code

33401

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

3-4-05

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
CEO	Charles R. Brown	810 N. Congress Ave.	Riviera Beach, FL 33404
P	Russell Lynes	810 N. Congress Ave.	Riviera Beach, FL 33404

100048524021
03/22/05--01003--003 **200.00

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

3-8-05

Daytime Phone #

561-848-1061

Typed or printed name of signing Managing Member/Manager

Russell Lynes