

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

AND
FILED

03 NOV 24 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000027351

Name and Mailing Address

0010965 01 AT 0.292 **AUTO TO 0 0615 34237-609350

BRADEN RIVER INVESTMENTS, L.L.C.

2033 MAIN STREET STE. 600

SARASOTA FL 34237-6093

REINSTATEMENT *25B*



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/15/2002	
Principal Place of Business 2033 MAIN STREET STE. 600 SARASOTA FL 34237	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For 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 MYERS, TROY H JR, ESQ 2033 MAIN STREET SUITE 600 SARASOTA FL 34237		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *[Signature]* **SIGNATURE REQUIRED** Date 11-20-03

REGISTERED AGENT MUST SIGN

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
MGR	HULTQUIST, JOHN	3890 POND VIEW LANE	SARASOTA FL 34235
	HULTQUIST, JOHN		

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]* **SIGNATURE REQUIRED** Date 11-20-03 Daytime Phone # 941-953-8110

Typed or printed name of signing Managing Member/Manager