

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 #** L02000034550

Name and Mailing Address

0013860 01 AT 0.292 **AUTO T1 0 0615 33901-594010



BRAMAN APARTMENTS, LLC
1310 POINCIANA AVENUE
FORT MYERS FL 33901-5940



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/23/2002	
Principal Place of Business 1310 POINCIANA AVENUE FORT MYERS FL 33901	3. New Principal Place of Business Address	6. FEI Number 20-0129669	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City, State, Zip		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		9. Name and Address of New Registered Agent	
PEKOL, ROBERT M 1310 POINCIANA AVENUE FORT MYERS FL 33901		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 <i>Robert M. Pekol</i> 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
MGRM	PEKOL, ROBERT M	1310 POINCIANA AVENUE	FORT MYERS FL 33901
		700024291927 10/30/03--01058--011 **150.00	
		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

Robert M. Pekol
SIGNATURE REQUIRED

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)