

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 03000010335

1. Limited Liability Company's Name

1951 Brandywine, LLC

2. Principal Office Address

433 Savoie Drive

Suite, Apt. #, etc.

3. Mailing Office Address

433 Savoie Drive

Suite, Apt. #, etc.

City & State

Palm Beach Gardens Florida

City & State

Palm Beach Gardens, Florida

Zip

33410

Country

USA

Zip

33410

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

March 21, 2003

6. FEI Number

81-0632007

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

James Topps

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

433 Savoie Drive

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

James Topps

REGISTERED AGENT MUST SIGN

Date April 19, 2005

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
Manager	James Topps	433 Savoie Drive	Palm Beach Gardens Florida 33410
Manager	Gail Topps	433 Savoie Drive	Palm Beach Gardens Florida 33410

REINSTATEMENT

2005

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

Gail Topps

Date April 19, 2005

Daytime Phone # 561-694-1384

Typed or printed name of signing Managing Member/Manager

Gail Topps

CR20041 (10/02)