

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000010643

1. Entity Name  
BRAUSER REAL ESTATE, LLCFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 14 AM 10:33

Principal Place of Business  
820 SW 12TH STREET  
POMPANO BEACH, FL 33069Mailing Address  
820 SW 12TH STREET  
POMPANO BEACH, FL 33069

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

02062007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
27-0071194Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAUSER, GERALD A  
820 SW 12TH STREET  
POMPANO BEACH, FL 33069

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/07

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MM	<input type="checkbox"/> Delete
NAME	BRAUSER, GERALD A	
STREET ADDRESS	820 SW 12TH STREET	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

2/6/07