2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCL						••	Table 1 Control	
DOCUMENT # L03000010643 1. Entity Name BRAUSER REAL ESTATE, LLC						SECRETA DIVISION OF	TILED RY OF STAT CORPORAT 4 AM 10: 3	
Principal Plac 820 SW 12TI POMPANO 8		Mailing Address 820 SW 12TH STREET POMPANO BEACH, FL	33069		1 1081TA E	L BRIFER MIN BERN FRIN FRIM	ANNO CENTO SERVE SONO E	DGE ((((()))) (())
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite. Apt. #, etc.		02062007	REIN-LLC	CR2E101 (1/	(07)	
City & State		City & State			4. FEI Numb 27-007			Applied For Not Applicable
Zip	Country	Zip	Count	ıry		of Status Desired	□ \$5.00	Additional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	gistered Agent	
BRAUSER, GERALD A			- [Namo				
820 SW 12	TH STREET D BEACH, FL 33069			Street Address (P.O. Box Number is Not Acceptable)				
				City	<u> </u>		FL Zip	Code
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or re	egistered anent, or bo	th, in the State of Flori		with, and accept
the obligat	ions of egistered agent.	wie parpoos or orienging war			giotalog agorit, or pa	5 /	11/_~	
SIGNATURE	Signature, typod or primed name of registered agent a	no itte il acciochie. (NOTE	•	Z			1 0 1 BATE	 _
		,	- Kenne	c Agent agrants	gritteterier name beringer e			
	NOWIII FEE IS \$100.00	In accordance with s liability company did	607.19	93(2)(b), F.	S. the limited	Make	check payable Department of	
File	NOWILI FEE IS \$100.00 MANAGING MEMBE	In accordance with s liability company did RS/MANAGERS	607.19	93(2)(b), F.	S. the limited	Make	check payable Department of	State
9.	NOWIII FEE IS \$100.00 MANAGING MEMBE	In accordance with s liability company did	10.	93(2)(b), F. eive the pri	S. the limited	Make Florida	check payable Department of	State
File	NOWILI FEE IS \$100.00 MANAGING MEMBE	In accordance with s liability company did RS/MANAGERS	10.	93(2)(b), F. eive the pri	S. the limited	Make Florida	check payable Department of CHANGES	State
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Indicated on this report is true and occurate and that my signature shall have the same legal effect as if made under cash; 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.