PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

07 DEC -4 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 03000021229

1. Limited Liability Company's Name

A & m BRYAN LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

1693 Glenhaven Circle

Suite, Apt. #, etc.

City & State

Ocoee, FL

Zip 34761   Country USA

3. Mailing Office Address

931 SW 95 Ter

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip 33025   Country USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified To Do Business in Florida   06/10/2003

6. FEI Number

270060772

[ ] 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   Marlene M. Bryan

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

931 SW 95 Ter.

Suite, Apt. #, Etc.

City   Pembroke Pines   State FL   Zip Code 33025

[ ] A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 _____

REGISTERED AGENT MUST SIGN

Date   11/28/07

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
MGR	Arnold R. Bryan	3281 Woodbridge Lane	Orlando, FL / 32808
MGR	Marlene M. Bryan	931 SW 95 Ter.	Pembroke Pines / FL / 33025
			00011271749Ø 11/30/07--01017--011 **250.00

REINSTATEMENT

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 _____   Date 11/28/07   Daytime Phone # 407-963-6608

Typed or printed name of signing Managing Member/Manager   Marlene M. Bryan