PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN -9 AM 11:57

DOCUMENT #

1. Limited Liability Company's Name
BrainChild Branding, LLC

REINSTATEMENT 07-09 JBH

800156949978
06/09/09--01038--006 **416.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4726 W. WALLACE AVE.		4726 W. WALLACE AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMPA, FL		City & State: TAMPA, FL	
Zip: 33611	Country: USA	Zip: 33611	Country: USA

4. State/Country of Formation: FLORIDA, MIAMI DADE

5. Date Organized or Qualified To Do Business in Florida: AUG. 4/2003

6. FEI Number: 770610237 ☐ 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: CHRISTINE A. MYERS

Street Address (P.O. Box Number is Not Acceptable): 4726 W. WALLACE AVE

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33611

☑ **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: Christine A. Myers Date: May 27/09

REGISTERED AGENT MUST SIGN

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	DR. AMY M. TIRPAK	4726 W. WALLACE AVE	TAMPA, FL 33611

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 608.408, 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: D. A. M. Date: 5/28/09 Daytime Phone #: 8137460429

Typed or printed name of signing Managing Member/Manager: Amy M. Tirpak