

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

05 NOV -7 AM 8:17

DOCUMENT # L03000043925

1. Limited Liability Company's Name

MUNCH BROTHERS, LLC

800061215968
11/07/05--01051--003 **\$0.00

CR2E041 (8/05)

2. Principal Office Address

2324 SW 112th St.

Suite, Apt. #, etc.

3. Mailing Office Address

2324 SW 112th St.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32607

Country

US

Zip

32607

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/03/2003

6. FEI Number

34-2029294

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

John Brasher Jr.

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

2324 SW 112th Street

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32607

REINSTATEMENT

04-05

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/05/2005

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
MGRM	John D. Brasher Jr.	2324 SW 112th Street	Gainesville, FL 32607
MGRM	William D. Price Jr.	15010 SW S.R. 45	Archer, FL 32618

10/06/05-01044-005-\$150.00

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

[Signature]

Date 10/06/05

Daytime Phone# 352-264-8140

Typed or printed name of signing Managing Member/Manager John D. Brasher Jr.