


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000049662		
1. Entity Name NU-BROW, L.L.C.		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN 21 AM 9:41

Principal Place of Business 1800 SOUTH OCEAN BLVD., APT. 8E BOCA RATON, FL 33432	Mailing Address 102 N.E. SECOND STREET #370 BOCA RATON, FL 33432 US
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2. Principal Place of Business 1101 HAYALL POINT Suite, Apt. #, etc. Suite 614 City & State RICHMOND VA Zip 20219 Country USA	3. Mailing Address 1101 HAYALL POINT Suite, Apt. #, etc. Suite 614 City & State RICHMOND VA Zip 20219 Country USA
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05112006 REIN-LLC CR2E101 (11/05)

4. FEI Number 20-0737281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBERTS, MARLYNNE 1800 SOUTH OCEAN BLVD., APT. 8E BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 1101 HAYALL POINT Suite 614 City RICHMOND VA Zip Code 20219
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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 Marlynnne Roberts DATE 5/11/2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, MARLYNNE 1800 SOUTH OCEAN BLVD., APT. 8E BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 1101 HAYALL POINT Suite 614 RICHMOND VA 20219 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05-06 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marlynnne Roberts DATE 6/14/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE