

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

06 JUN 16 AM 9:40

DOCUMENT # L03000050855

1. Limited Liability Company's Name

BRILOR, LLC

2. Principal Office Address

1532 Washington Avenue

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33139

Country

United States

3. Mailing Office Address

1532 Washington Avenue

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33139

Country

United States

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/08/2003

6. FEI Number

830379055

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

Ken Percy

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

1532 Washington Avenue

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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

6/14/06

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	Larissa C Percy	1532 Washington Avenue	Miami Beach FL 33139
			200076535692 06/21/06-01052-002 **150.00
			REINSTATEMENT 2006

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

6/14/06

Daytime Phone # 305-933-0843

Typed or printed name of signing Managing Member/Manager Larissa C Percy