PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 OCT 26 AM 10:09

400320265994

10/26/18--01010--004 **377.50

DOCUMENT # L04000009664

1. Limited Liability Company's Name
Bowen, Miclette & Britt of Brevard, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1111 North Loop West		P.O. Box 922022	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 400			
City & State		City & State	
Houston, Texas		Houston, Texas	
Zip	Country	Zip	Country
77008	USA	77008	USA

CR2E041 (1/14)

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business In Florida February 4, 2004

6. FEI Number
20-1382694
☐ 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
Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,
515 E. Park Ave.

Apt. #, Etc
Floor 2

City	State	Zip Code
Tallahassee	FL	32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Kim Tadlock Kim Tadlock, Asst. Sec. on behalf of Capitol Corporate Services, Inc. Date 10/26/2018

REGISTERED AGENT MUST SIGN

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manage	Edward Garvin Britt, Jr.	1111 North Loop West, Suite 400	Houston, Texas 77008
Manage	David Gregory Miclette	1111 North Loop West, Suite 400	Houston, Texas 77008
Manage	Samuel Floyd Bowen	1111 North Loop West, Suite 400	Houston, Texas 77008
Authoriz	Elizabeth Cruz	1111 North Loop West, Suite 400	Houston, Texas 77008

OCT 26 2018
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11. E-mail Address: lkarren@bmbinc.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Lawrence M. Karren Date 10.25.2018 Daytime Phone # 713-880-7100

Typed or printed name of signing authorized representative/member: LAWRENCE M. KARREN

CAPITOL SERVICES

Filing Cover Sheet

To: Florida Division of Corporations

From: TAYLOR SEAY C/O Capitol Services, Inc.

Date: 10/26/2018

Trans#: 1010443

Entity Name: BOWEN, MICLETTE & BRITT OF BREVARD, LLC – L04000009664

Articles Incorporation ( )

Articles of Amendment ( )

Articles of Dissolution ( )

Annual Report ( )

Conversion ( )

Fictitious Name ( )

Foreign Qualification ( )

Limited Liability ( )

Limited Partnership ( )

Merger ( )

Reinstatement (XX)

Withdrawal / Cancellation ( )

Other ( )

STATE FEES PREPAID WITH CHECK#1333 FOR $377.50

PLEASE RETURN:

Certified Copy ( ) **Plain Photocopy ( )**

Good Standing ( ) **Certificate of Fact ( )**

18 OCT 26 AM 11:18