

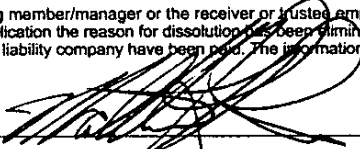


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000009906			
1. Limited Liability Company's Name Brown Drafting & Design, LLC			
2. Principal Office Address - No P.O. Box # 1428 E. Semoran Blvd Suite, Apt. #, etc. 105 City & State Apopka, FL Zip 32703		3. Mailing Office Address 1428 E. Semoran Blvd Suite, Apt. #, etc. 105 City & State Apopka, FL Zip 32703	
8. Name and Address of Current Registered Agent Name Matthew K. Brown Street Address (P.O. Box Number is Not Acceptable) 1428 E. Semoran Blvd. Suite, Apt. #, Etc. 105 City Apopka		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 02/01/04 6. FEI Number 200660146	
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  Date 10/09/08 REGISTERED AGENT MUST SIGN		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> 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.	
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	Matthew K. Brown	1428 E. Semoran Blvd., Suite 105	Apopka, FL 32703
REINSTATEMENT 07-08			
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 10/09/08 Daytime Phone # 407-694-7636	
Typed or printed name of signing Managing Member/Manager Matthew K. Brown			