PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



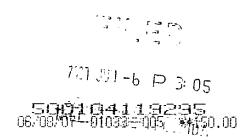
FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L04000032728

1. Limited Liability Company's Name

BROOKLANDS LLC



BROOKE/ (INDO LEO								CR2E041 (1/07)			
2. Principa 5440	N Mili	3. Mailing Office Address 1510 Carafe Court			· ′						
Suite, Apt. /	# , etc.	Suite, Apt. #, etc.				L State/Gountry of Formation Florida, USA 5. Date Organized or Qualified					
City & State		City & State				5. Date Organized or Qualified To Do Business in Florida 04/29/2004					
Jupiter,Florida			Palm Beach Gardens,FI			20-1205073			Applied For Not Applicable		
33458 Country USA		33410-	33410-1502 USA			CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent											
BRO				:	A \$100 reinstatement fee is imposed, except						
1510)					in circumstances which the entity did not receive the prior notices. By checking this					
Suite, Apt. #, Etc.								box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
Palm	Beach	n Gardens,Fl		State FL	33410)-1502	Temstar	ement be waived.			
9. I, being	appointed the	registered agent of the abo	ve named limite	d liability co	mpany,	am familia	r with and a	accept the obligat	ions of Chapter 608, F.S.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN									Date 06 - 01	4 - (<u>לכ</u>
10. Name	es and Street	Addresses of Managing Mer	nbers/Managers	1							
Titles	Name of Managing Members/ Managers			Street Address of Each Managing Member/Manager					City / State / Zip		
MGR	BROOKS,ADRIAN			1510 Carafe Court					Palm Beach Gardens		lens,Fl
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filing the all fees as if m	his reinstateme s owed by the hade under oa	anaging member/manager of ent application the reason for limited liability company have tth.	dissolution has	been elimin	ated, the	e limited lia ed on this a	ibility compa application i	any name satisfie is true and accura	s the requirements of section te, and my signature shall ha	n 608.406, ave the sa	F.S., and that me legal effect
Signature of Managing N	f //ember/Mana	ger <i>[/d]</i>	Map	roots	•		oate 06/0	04/07	aytime Phone # 561 35	1 737	<u></u>
Typed or pri	inted name of	signing Managing Member	Manager Ad	rian Br	ooks	3					