

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 APR 29 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000066464**

1. Limited Liability Company's Name

BRIANKA INVESTMENTS, LLC.

600151448546
04/21/09--01010--021 **416.25
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

9681 Encino Drive

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33025

Country

USA

3. Mailing Office Address

P.O. BOX 245367

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida Sept. 9, 2004

6. FEI Number

20-3319748

☐ 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
ALBERT MURPHY

Street Address (P.O. Box Number is Not Acceptable)
9681 Encino Drive

Suite, Apt. #, Etc.

City
Miramar

State
FL

Zip Code
33025

☒ 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.

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

4/16/09

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
MGMR	Albert Murphy	9681 Encino Drive	Miramar, FL 33025
MGMR	Winsome Murphy	9681 Encino Drive	Miramar, FL 33025

REINSTATEMENT

07-07 AL

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

4/16/09

Daytime Phone #

305-496-0314

Typed or printed name of signing Managing Member/Manager

ALBERT MURPHY