

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04-89747**

1. Limited Liability Company's Name

Brooks Construction & More LLC

2. Principal Office Address - No P.O. Box #
4531 Ashford Drive

Suite, Apt. #, etc.

City & State

Winter Haven

Zip

33880

Country

US

3. Mailing Office Address

4531 Ashford Drive

Suite, Apt. #, etc.

City & State

Winter Haven

Zip

33880

Country

US

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

98-201941907

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

Robert S Brooks

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

4531 Ashford Drive

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880

E-mail Address:

200237179352

07/06/12--01017--005 **680.00

kbrooks106@tampabay.rr.comPres

(To be used for future annual report notices)

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **6-11-12**

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
Pres	Robert S Brooks	4531 Ashford Drive	Winter Haven
VP	Kimberly A Brooks	4531 Ashford Drive	Winter Haven
And both as mgr m			
REINSTATEMENT 2009-2012			
6/14/12			

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. 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 Managing
Member/Manager

[Signature]

Date **6-11-2012**

Daytime Phone # **863-287-0712**

Typed or printed name of signing Managing Member/Manager **Robert S Brooks**

655.00