

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

OCT 10 AM 10:02

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **LO5000008018**

1. Limited Liability Company's Name

Brother's investments group, llc

2. Principal Office Address

7507 Brightwater place

Suite, Apt. #, etc.

City & State

oviedo, fl

Zip

32765

Country

usa

3. Mailing Office Address

7507 Brightwater place

Suite, Apt. #, etc.

City & State

oviedo, fl

Zip

32765

Country

usa

4. State/Country of Formation

florida/usa

5. Date Organized or Qualified  
To Do Business in Florida

january, 2005

6. FEL Number

20-2134933

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

yousef bashir

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

7507 Brightwater place

Suite, Apt. #, Etc.

City

oviedo

State

FL

Zip Code

32765

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 10-02-2006

**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
MGR	yousef bashir	7507 Brightwater place	oviedo, fl. 32765
MGRM	anuar bashir	7507 Brightwater place	oviedo, fl. 32765
MGRM	khamis bashir	7507 Brightwater place	oviedo, fl. 32765

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

*[Signature]*

Date

10-02-2006

Daytime Phone # (407) 617-1998

Typed or printed name of signing Managing Member/Manager