

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

RECEIVED

2016 SEP 27 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000021034

1. Limited Liability Company's Name:

BROCIOUS ENTERPRISES LLC

200290687052
09/27/16--01023--030 ***382.50
CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 6971 HUNTERS RD Suite, Apt. #, etc.		3. Mailing Office Address 6971 HUNTES RD Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State NAPLES FL	
Zip 34109	Country USA	Zip 34109	Country USA

4. State/Country of Formation FLORIDA / USA	
5. Date Organized or Qualified To Do Business in Florida 03/02/2005	
6. FEI Number 86-1131400	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

8. Name and Address of Current Registered Agent			
Name LAW OFFICE OF JEFFREY C. QUINN			
Street Address (P.O. Box Number is Not Acceptable) Suite, 351 AIRPORT RD N			
Apt. #, Etc.			
City NAPLES	State FL	Zip Code 34104	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/17/16

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	SCOTT BROCIUS	6971 HUNTERS RD	NAPLES, FL 34109

11. E-mail Address swb9295@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date

Daytime Phone #

Typed or printed name of signing authorized representative/member

9/12/16

(239) 825-1293

SCOTT BROCIUS

As at 9/27/16