PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN 25 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/21/10--01037--025 **416.25
CR2E041 (11/09)

DOCUMENT # L05000052479

1. Limited Liability Company's Name
Two Brothers & A Cousin, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
811 E. Hwy 50	15006 Southfork Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont, Fl	City & State: Tampa, Fl
Zip: 34711 Country: USA	Zip: 33624 Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 5-20-05
6. FEI Number: 043814637 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $8.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: John Ogla
Street Address (P.O. Box Number is Not Acceptable): 15006 Southfork Dr
Suite, Apt. #, Etc.:
City: Tampa State: FL Zip Code: 33624

☑ 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.

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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: John Ogla Date: 1-10-10
REGISTERED AGENT MUST SIGN

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 Memb	John Ogla Managing member	15006 Southfork Dr	Tampa, Fl 33624
Mgr.	Richard Ogla Manager	12716 Lake Ridge Cir.	Clermont, Fl 34711
	REINSTATEMENT 08-10		

11. E-mail Address: hafth2@yahoo.com
(To be used for future annual report notifications)

12. 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: John Ogla Date: 1-10-10 Daytime Phone #: (813)-964-9129

Typed or printed name of signing Managing Member/Manager:

N. Ostlingson JAN 26 2010