

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR 11 PM 1:52

CR2E041 (1/07)

DOCUMENT # LOS 0000 57114

1. Limited Liability Company's Name

Gail K. Brooks, LLC

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

1510 Texas Parkway

Suite, Apt. #, etc.

City & State

Crestview, Florida

Zip

32536

Country

Okaloosa

3. Mailing Office Address

1510 Texas Parkway

Suite, Apt. #, etc.

City & State

Crestview, Florida

Zip

32536

Country

Okaloosa

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

6/2/05

6. FEI Number

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

Annette G. Brooks

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

1510 Texas Parkway

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32536

☐ 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

Annette G. Brooks

Date

3-1-08

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
Manager	Gail K. Brooks	1510 Texas Parkway	Crestview, Florida 32536

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REINSTATEMENT

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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

Annette G. Brooks

Date 3/1/2008

Daytime Phone

870 602 1164

Typed or printed name of signing Managing Member/Manager Annette G. Brooks, Manager