


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000070046

1. Limited Liability Company's Name

Two Brothers Realty, LLC

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

2768 NE Cold Spring Drive

Suite Apt # etc

3 Mailing Office Address

2768 NE Cold Spring

Suite Apt # etc

City & State

Jensen Beach, FL

City & State

Jensen Beach

Zip

34957

Country

USA

Zip

34957

Country

USA

8 Name and Address of Current Registered Agent

Name

David J. Mingace

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

2768 NE Cold Spring Drive

Apt # Etc

City

Jensen Beach

State

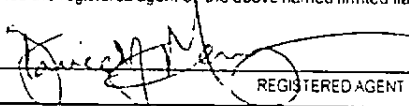
FL

Zip Code

34957

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 02/10/2023

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	David J. Mingace	2768 NE Cold Spring Drive	Jensen Beach, FL 34957
Mgr	Christopher H. Mingace	276 Union Avenue	Framingham, MA 01702

REINSTATEMENT



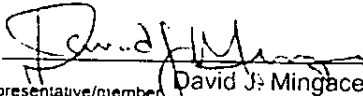
R. HUNT

11. E-mail Address cmingace@hbmhlaw.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


David J. Mingace

Date 04/03/2023

Daytime Phone # 508-626-8500

Typed or printed name of signing authorized representative/member

FILED

2023 MAR -1 AM 8:37

SECRETARY OF STATE
FLORIDA

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03/01/23 01018-018
2190

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

July 18, 2005

6. FEI Number

20-3740485

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status