

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 DEC 22 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L05000091244

1. Limited Liability Company's Name

Brothers and Cousins, LLC

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

324 Marina Drive

Suite, Apt. #, etc.

City & State

Port St. Joe, Florida

Zip

32456

Country

USA

3. Mailing Office Address

324 Marina Drive

Suite, Apt. #, etc.

City & State

Port St. Joe, Florida

Zip

32456

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 09/16/2005

6. FEI Number

61-1492425

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

Paul W. Groom II

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

116 Sailor's Cove Drive

Suite, Apt. #, Etc.

City

Port St. Joe

State

FL

Zip Code

32456

☐ 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

Paul W. Groom II

REGISTERED AGENT MUST SIGN

Date 12/8/08

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	Ralph P. Rish	324 Marina Drive	Port St. Joe, Florida 32456

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REINSTATEMENT

07-06AL

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

Paul W. Groom II

Date 12/8/08

Daytime Phone# 227-7200

Typed or printed name of signing Managing Member/Manager