PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 AUG 26 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

DOCUMENT # L05000092009

1. Corporation Name
Freddi Brant, LLC

2. Principal Office Address - No P.O. Box #
1035 Gateway Blvd.
Suite, Apt. #, etc.
Suite 210
City & State
Boynton Beach
Zip 33426 Country USA

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business In Florida 9/19/2005

5. FEI Number 26-3232384 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $30.00 Additional Fee Required for Certified Copy

7. Name and Address of Current Registered Agent
Name: Fredericia Brant
Street Address (P.O. Box Number is Not Acceptable): 1035 Gateway Blvd.
Suite, Apt. #, Etc.: Suite 210
City: Boynton Beach State: FL Zip Code: 33426

☐ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Fredericia Brant
REGISTERED AGENT MUST SIGN
Date 08/26/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
mg. member	Bruce Adams	1035 Gateway Blvd. Suite 210	Boynton Beach, FL. 33426

REINSTATEMENT 26-05

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., the all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: Fredericia Brant 08/26/08 561-400-4409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

FILED
2008 AUG 26 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000202276 3)))

H08000202276 3ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

LIMITED LIABILITY REINSTATEMENT

FREDDI BRANT, LLC

RECEIVED
08 AUG 26 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$516.25