2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 25, 2007
Secretary of State

DOCUMENT# L06000043121

Entity Name: BRATU APARTMENTS, LLC

Current Principal Place of Business:

814 NE 4TH STREET
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

814 NE 4TH STREET
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 74-3176909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TIMIS, VICTORIA
814 NE 4TH STREET
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VICTORIA TIMIS

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BRATU, NICOLAE
Address: 814 NE. 4TH STREET
City-St-Zip: HALLANDALE, FL 33009

Title: MGR ( ) Delete
Name: TIMIS, VICTORIA
Address: 814 N.E. 4TH STREET
City-St-Zip: HALLANDALE, FL 33009

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: RUCK, DIDINA
Address: 330 SE 2ND STR
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VICTORIA TIMIS MGR 09/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date