



2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000076433 1. Entity Name BRALUNET ENTERPRISE, LLC				SEC. 1 DIVISION 07 OCT 16 PM 3:44	
Principal Place of Business 7045 BIG BEND DRIVE ST CLOUD, FL 34771		Mailing Address 7045 BIG BEND DRIVE ST CLOUD, FL 34771			
2. Principal Place of Business - No P.O. Box # 2315 Peppercorn St.		3. Mailing Address 2315 Peppercorn St.		09182007 REIN-LLC CR2E101 (1/07)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		4. FEI Number 20-5336458	
City & State Kissimmee, FL.		City & State Kissimmee, FL.		Applied For Not Applicable	
Zip 34741		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, TANAYRI 7045 BIG BEND DRIVE ST CLOUD, FL 34771		7. Name and Address of New Registered Agent Name Alvarez, Tanayri Street Address (P.O. Box Number is Not Acceptable) 2315 Peppercorn St. City Kissimmee FL Zip Code 34741			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, TANAYRI 2315 Peppercorn St. Kissimmee, FL. 34741 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600110745356 10/12/07--01067--014 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Elvis C. Almonte 13412 Hidden Forest Cir. Orlando, FL. 32828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	