

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR 21 AM 11:44

**DOCUMENT # L06000117246**

1. Limited Liability Company's Name

Ernest Brantley Properties, LLC

000150699820  
04/16/09--01044--015 \*\*516.25  
CR2E041 (10/08)

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

9720 Brantley Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

9720 Brantley Rd.

Suite, Apt. #, etc.

City & State

Lithia, FL

City & State

Lithia, FL

Zip

33547

Country

USA

Zip

33547

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 12/06/06

6. FEI Number

26-4619699

☐ 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

Keith C. Smith

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

121 N. Collins St.

Suite, Apt. #, Etc.

City

Plant City, FL

State

FL

Zip Code

33563

☐ 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

Date

REGISTERED AGENT MUST SIGN

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
MGRM	Julia B. Bridges, TTEE		
	Ernest L. Brantley Rvoc Tr	9720 Brantley Rd.	Lithia, FL 33547

REINSTATEMENT 2007-2009

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

Date

4/9/09

Daytime Phone #

813 267 2655

Typed or printed name of signing Managing Member/Manager

Julie B. Bridges

T. Hampton APR 22 2009