

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 31 AM 11:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

000164049490
12/30/09--01018--014 **238.75

CR2E041 (11/09)

DOCUMENT # LO7000014604

1. Limited Liability Company's Name

Brown and Brown Real Estate Group,
LLC

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

6358 Crab Creek Dr.

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

6358 Crab Creek Dr.

Suite, Apt. #, etc.

N/A

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32258

Country

USA

Zip

32258

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

2/8/2007

6. FEI Number

208456481

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

MARCIA BROWN

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

6358 Crab Creek Dr.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32258

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/29/09

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
MEM	Marcia Brown	6358 Crab Creek Dr.	JACKSONVILLE, FL 32258
	L. SELLERS	REINSTATEMENT	09
	JAN - 4 2010		
	EXAMINER		

11. E-mail Address: mlbh2001@bellsouth.net

(To be used for future annual report notifications)

12. 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

[Signature]

Date 12/29/09

Daytime Phone # 904-307-8567

Typed or printed name of signing Managing Member/Manager