


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY 28 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L87000036245**

1. Limited Liability Company's Name

GABRIELLE A BROWN LLC

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

4811 NW 65 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4811 NW 65 AVE

Suite, Apt. #, etc.

City & State

LAUDERHILL FL

City & State

LAUDERHILL FL

Zip

33319

Country

Zip

FL

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ 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

ANTHONY C G BROWN

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

4811 NW 65 AVE

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

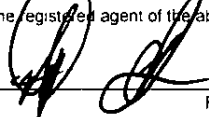
Zip Code

33316

☒ 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



REGISTERED AGENT MUST SIGN

Date **2/26/2010**

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	ANTHONY C. G. BROWN	4811 NW 65 AVE	LAUDERHILL FL 33319
	L. SELLERS		
	JUN - 1 2010		
	EXAMINER		

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05/28/10-01031-006 **416.25

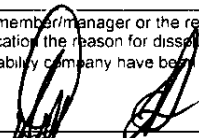
REINSTATEMENT

11. E-mail Address:

(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



Date **5/26/2010**

Daytime Phone # **954 918 8805**

Typed or printed name of signing Managing Member/Manager