

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUN 17 PM 6:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L07000049672

Brewer Properties, LLC

CR2E041 (1/14)

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

1404 SE 8th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

1404 SE 8th Avenue

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Okeechobee, FL

Zip

34974

Country

Zip

34974

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida
05/09/2007

6. FEI Number

26-0812806

☐ 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

Henry J. Brewer

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

1404 SE 8th Avenue

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34974

500260758415
05/30/14--01031--002 **793.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Henry J. Brewer

REGISTERED AGENT MUST SIGN

Date 5/23/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Henry J. Brewer	1404 SE 8th Avenue	Okeechobee, FL 34974

BUN 18 2014

L. SELLERS

REINSTATEMENT

2010-
2014

11. E-mail Address: paula@cpataxsolutions.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Henry J. Brewer

Date

5/23/14

Daytime Phone #

863-467-2839

Typed or printed name of signing Authorized Representative/Manager Henry J. Brewer