

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 10 PM 1:50

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000059201

1. Limited Liability Company's Name

BRAD INVESTMENT, LLC n/k/a/

Brad RE Investment, LLC

100225963311
03/23/12--01011--029 **516.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
6635 Willow Park Drive

3. Mailing Office Address
6635 Willow Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34109

Country

Zip

34109

Country

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

6/5/2007

6. FEI Number

260292864

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
James Morey

Street Address (P.O. Box Number is Not Acceptable)
4001 Tamiami Trail N

Suite, Apt. #, Etc.
Suite 250

City
Naples

State
FL

Zip Code
34103

E-mail Address:

100225963311
03/23/12--01011--030 **100.00

SheilahM@deangelisdiamond.com
(To be used for future annual report notices)

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

James Morey

Date 3-19-2012

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	David B. Diamond	6635 Willow Park Drive	Naples, Florida 34109

REINSTATEMENT 2009-2012

100225963311
04/05/12--01035--006 **43.75

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

Signature of Managing
Member/Manager

David B. Diamond

Date

3/19/12

Daytime Phone #

239-594-1994

Typed or printed name of signing Managing Member/Manager David B. Diamond