

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 27 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000063631

1. Limited Liability Company's Name

Brownstone Development Group LLC

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

1925 NW 84TH Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Country

Zip

Country

33417

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/18/2007

6. FEI Number

26-0206097

☐ 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

BRENDA JENNINGS

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

1925 NW 84TH Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33417

☒ 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

Brenda Jennings

REGISTERED AGENT MUST SIGN

Date 05/26/2009

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
MGR	JARAD CUMMINGS	1925 NW 84TH Street	MIAMI BCH FL 33417
MGR	BRENDA JENNINGS	1925 NW 84TH Street	MIAMI BCH FL 33417

REINSTATEMENT 2008-2009

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

Jarad Cummings

Date 5/26/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager