

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -4 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~100~~ L07000119048

1. Limited Liability Company's Name

BRAX ENERGY, LLC

WID-8310

REINSTATEMENT

08-2010

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

315 DUNES BLVD.

Suite, Apt. #, etc.

#603

City & State

NAPLES, FL

Zip

34110

Country

3. Mailing Office Address

256 SEABOARD LANE

Suite, Apt. #, etc.

SUITE H-101

City & State

FRANKLIN

Zip

TN

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11-29-07

6. FEI Number

22-3973045

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

LARRY LANG

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

315 DUNES BLVD.

Suite, Apt. #, Etc.

#603

City

NAPLES

State

FL

Zip Code

34110

☒ 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 2-11-10

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
Mgm	DAVID T. HOLT	256 SEABOARD LANE, SUITE H-101	Franklin, TN. 37067
Mgm	LARRY LANG	315 DUNES BLVD, #603	NAPLES, FL 34110
			100169140861 02/16/10--01053--014 **282.50
			100169140861 02/26/10--01041--028 **138.75

11. E-mail Address: lflang@cox.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

Date 2-11-10

Daytime Phone # 812-550-2500

Typed or printed name of signing Managing Member/Manager