

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 DEC 30 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000051281

1. Limited Liability Company's Name

Brenda Marie Scee 'LLC'

KS

REINSTATEMENT 2011

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

16560 86 St N

Suite, Apt. #, etc.

3. Mailing Office Address

16560 86 St N

Suite, Apt. #, etc.

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified To Do Business in Florida

5/20/2008

6. FEI Number

45-1284245

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

City & State

Loxahatchee, FL

City & State

Loxahatchee, FL

Zip

33470

Country

USA

Zip

33470

Country

USA

8. Name and Address of Current Registered Agent

Name

Brenda M Scee

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

16560 86 St N

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

E-mail Address:

800215678728

12/30/11--01023--014 **238.75

Brenda.Scee.Realtor@yahoocm
(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

Brenda M. Scee

Date

12/23/2011

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
<u>Mgr</u>	<u>Brenda M. Scee</u>	<u>16560 86 St N.</u>	<u>Loxahatchee, FL 33470</u>

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 s.817.155, F.S.

Signature of Managing Member/Manager

Brenda M Scee

Date

12/23/2011

Daytime Phone #

561-236-1169

Typed or printed name of signing Managing Member/Manager