FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 MAY 23 AM 11:16

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000051352

1. Limited Liability Company's Name
BRAMCO, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2775 SUNNY ISLES BLVD	2775 SUNNY ISLES BLVD
Suite Apt. # etc.	Suite Apt. # etc.
SUITE 118	SUITE 118
City & State	City & State
NORTH MIAMI BEACH, FL	NORTH MIAMI BEACH, FL
Zip / Country	Zip / Country
33160 / USA	33160 / USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 05/28/2009

6. FEI Number: x Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional Fee Required)

8. Name and Address of Current Registered Agent

Name:
DORBEN CORPORATE SERVICES, LLC
Street Address (P.O. Box Number is Not Acceptable):
2775 SUNNY ISLES BLVD
Suite Apt. # etc.
SUITE 118
City: NORTH MIAMI BEACH | State: FL | Zip Code: 33160

E-mail Address:
400248216194
05/23/13--01026--003 **263.75
info@dorotbensimon.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 _____ Date 5/21/13
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	RENER DA CUNHA	C/O DOROT & BENSIMON PL 2775 SUNNY ISLES BLVD STE 118	NORTH MIAMI BEACH, FLORIDA 33160
MGRM	LUIS QUEVEDO	C/O DOROT & BENSIMON PL 2775 SUNNY ISLES BLVD STE 118	NORTH MIAMI BEACH, FLORIDA 33160

REINSTATEMENT
2013 — 2013

S. HAWKES
JUN 6 2013
EXAMINER

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: Rener DC Date 5/21/2013 Daytime Phone # 786-469-8867

Typed or printed name of signing Managing Member/Manager: RENER DA CUNHA