## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State 07 MAY 31 AM 9: 47 REINSTATEMENT **DIVISION OF CORPORATIONS** 980000000530 DOCUMENT # 1. Limited Liability Company's Name 700103907747 06/05/07--01032--009 \*\*500.00 Brothers Four of Tampa, LLC CR2E041 (1/07) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address c/o Alto Construction Co., Inc. 4102 Cause Way Boulevard State/Country of Formation FIORIGA Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 4/24/1998 City & State City & State Tampa, Florida Applied For **65-09**13897 Not Applicable Country 7. CERTIFICATE OF STATUS DESIRED ີ່ 33619 \$5.00 Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent Stewart G. Smith A \$100 reinstatement fee is imposed, except in circumstances which the entity did not Street Address (P.O. Sex Number is Not Acceptable) Co., Inc. receive the prior notices. By checking this box, you are certifying the prior notices were 4้ใช้2ื่ Cause <u>Way Boulevard</u> not received and requesting the \$100 reinstatement be waived. Tampa 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 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip Stewart G. Smith 4102 Cause Way Boulevard | Tampa, Florida 33619 MGg Stewart G. Smith, Jr. 4102 Cause Way Boulevard Tampa, Florida 33619 4102 Cause Way Boulevard Tampa, Florida 33619 MGR Ryan P. Smith MGR Aaron S. Smith 4102 Cause Way Boulevard Tampa, Florida 33619 Tampa, Florida 33619 Stewart G. Smith, as Trustee of 4102 Cause Way Boulevard the Luke P. Smith Irrevocable Trust 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 filling 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.

Typed or printed name of signing Managing Member/Manager



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April 30, 2007

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Florida Department of State Division of Corporations Registration Section Post Office Box 6327 Tallahassee, Florida 32314

Re: Brothers Four of Tampa, LLC

Ladies and Gentlemen:

We represent Brothers Four of Tampa, LLC. Enclosed is the *original* Limited Liability Company Reinstatement form. Also enclosed is Check No. 23295, dated March 28, 2007, in the amount of \$500.00, which represents the fee for reinstatement.

If you have any questions, please do not hesitate to contact us.

Sincerely yours,

THE SOLOMON TROPP LAW GROUP, P.A.

Sheila B. Hiebe

Paralegal

SBH/s Enclosures