PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	TELAGE REAL	, ALL INOTIN	OCTIONS BEFORE C	, O		
C	COMPANY NSTATEMENT	Sec	EPARTMENT OF STATE cretary of State on of corporations	FIL 08 JUN 20	.ED PM 3: 25	
DOCUMENT # L9800001183 1. Limited Liability Company's Name				ALLAHASSEE, FLORIDA		
Brandywine Rentals, LLC						
0					20121012EC	A
2. Principal Office Address - No P.O. Box # 3. Mailing Of			e Address	06/27	/08=07902902072 - 7	655.00
	CA Blvd.	1	930 RCA Blvd.		of Formation	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	e, Apt. #, etc.		FL / USA	
#3008 #3008			5. Date of To Do		ed or Qualified	
City & State City & State					July 23, 1998	
Palm Beach Gardens, FL Palm Be			Gardens, FL	6. FEI Number		Not Applicable
Zip			Zip Country		7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required	
33410	USA	33410	USA	CERTIFICATE O		icate of Status
	8. Name and Address	of Current Registers	ad Agent	<u> </u>		
Name Jennings, Milton S.				A \$100 reinstatement fee is imposed, except		
Street Address (P.O. Box Number is Not Acceptable) 3930 RCA Blvd.				in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were		
Suite, Apt. #, Etc.				not received and requesting the \$100 reinstatement be waived.		
#3008						
City State Zip Code Palm Beach Gardens State 33410						
Signature o		bore named limited lia	ability company, am familiar with and	accept the obligation	6/10/18	
Registered		REGISTERED AGEN	Date 6/10/50			
10. Nam	and Street Addresses of Managing I	fembers/Managers				
Titles			Street Address of Each		City / State / Zip	 ,
	Managing Members/Managers		Managing Member/Manager		<u> </u>	
MGR	Jennings, Milton S.		3930 RCA Blvd, #3008		Palm Beach Gardens, FL 33410	
			<u> </u>	201.10	7 200/	
REINSTATEMENT 2005 72008						
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l						
11. I çerti	ify that I am managing member/manage	er or the receiver or tru	ustee empowered to execute this app	olication as provided	for in chapter 608, F.S. I further cert	ify 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 ail 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	of Member/Manager	. fen	Date 6/	/ 10/ 08 Da	ytime Phone # _ 561-799-8002	
		Mi'	ilton S. Jennings			
Typed or p	printed name of signing Managing Memb	Jerrivianager				