

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 17 PM 2:09

LA  
10/17

**DOCUMENT # L98000001752**

1. Limited Liability Company's Name

**BROWARD INVESTORS, L.C.**

700008440957--5  
-10/18/02--01020--004  
\*\*\*\*255.00 \*\*\*\*208.75

2. Principal Office Address  
**2500 Weston Road**

3. Mailing Office Address  
**2500 Weston Road**

Suite, Apt. #, etc.

**Suite 105**

Suite, Apt. #, etc.

**Suite 105**

City & State

**Weston, Florida**

City & State

**Weston, Florida**

Zip

**33331**

Country

**USA**

Zip

**33331**

Country

**USA**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified

To Do Business in Florida **9/9/1998**

6. FEI Number

**650896541**

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

**MANUEL M. ARVESU, P.A.**

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

**2121 PONCE DE LEON BOULEVARD**

Suite, Apt. #, Etc.

**SUITE 920**

City

**CORAL GABLES**

State  
**FL**

Zip Code  
**33134**

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 **9-29-02**

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| MGRM   | DOUGLAS BRICENO                      | 2500 WESTON ROAD, #105                            | WESTON, FLORIDA 33331  |
| MGRM   | INES C. BRICENO                      | 2500 WESTON ROAD, #105                            | WESTON, FLORDIA 33331  |
| GRM    | MANUEL M. ARVESU                     | 2121 PONCE DE LEON BLVD, #920                     | CORAL GABLES, FL 33134 |
|        |                                      | <b>REINSTATEMENT</b>                              | <b>2000-2002</b>       |
|        |                                      |   |                        |
|        |                                      |   |                        |

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.

Signature of  
Managing Member/Manager

Date **10-9-02**

Daytime Phone# **954-349-4751**

Typed or printed name of signing Managing Member/Manager

**DOUGLAS BRICENO**

CR2E041 (9/01)