

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**MITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 20 PM 12:51

DOCUMENT # L99000000626

Limited Liability Company's Name

Brittmin Cook LLC

REINSTATEMENT

2000-
2004

1. Principal Office Address <u>4630 N. University Dr.</u>		3. Mailing Office Address <u>P.O. Box 23044</u>	
Suite, Apt. #, etc. <u>415</u>		Suite, Apt. #, etc.	
City & State <u>Coral Springs FL</u>		City & State <u>Hollywood FL</u>	
Zip <u>33067</u>	Country <u>USA</u>	Zip <u>33022</u>	Country <u>USA</u>
4. State/Country of Formation <u>FL USA</u>		5. Date Organized or Qualified To Do Business in Florida <u>Feb 4, 1999</u>	
6. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name John Hill

Street Address (P.O. Box Number is Not Acceptable)
4630 N. University Dr. #415

Suite, Apt. #, Etc.

City Coral Springs State FL Zip Code 33067

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

[Signature]

Date 4-21-04

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>MANAGER</u>	<u>Brittmin Hill</u>	<u>4630 N. University Dr. #415</u>	<u>Coral Springs FL 33067</u>
			<u>200036974532</u>
			<u>05/21/04--01022--001 **350.00</u>
			<u>200036974532</u>
			<u>05/21/04--01022--002 **5.00</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.

Signature of
Managing Member/Manager

[Signature]

Date 4-21-04

Daytime Phone# (954) 294-8222

Typed or printed name of signing Managing Member/Manager

John Hill

CR2E041 (10/02)