

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000766

1. Limited Liability Company's Name
Brashear & Assoc., PL

2. Principal Office Address - No P.O. Box #
925 NW 56th Terrace

Suite, Apt. #, etc.
Suite C

City & State
Gainesville, FL

Zip Country
32605 USA

3. Mailing Office Address
925 NW 56th Terrace

Suite, Apt. #, etc.
Suite C

City & State
Gainesville, FL

Zip Country
32605 USA

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **02/10/1999**

6. FEI Number **59-3560780** ☐ 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
Bruce Brashear

Street Address (P.O. Box Number is Not Acceptable) Suite.
925 NW 56th Terrace

Apt. #, Etc.
Suite C

City State Zip Code
Gainesville FL 32605

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10/11/16--01030--010 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Bruce Brashear

REGISTERED AGENT MUST SIGN

Date **10/6/2016**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Bruce Brashear	925 NW 56th Terrace, Suite C	Gainesville, FL 32605

11. E-mail Address: **bbrashear@nflalaw.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Bruce Brashear

Date **10/6/2016**

Daytime Phone # **352 336-0800**

Typed or printed name of signing authorized representative/member **Bruce Brashear**