

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT 30 PM 11:02

DOCUMENT #

L99-1177

1. Limited Liability Company's Name

BRC Florida Holdings LLC
13303 RANCH RD
JACKSONVILLE, FL 32218

2. Principal Office Address

13303 RANCH RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32218

Country

USA

3. Mailing Office Address

13303 RANCH RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32218

Country

USA

REINSTATEMENT 2000

4. State/Country of Formation

DUVAL

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3565940

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

William K. BRADDOCK

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

13303 RANCH ROAD

Suite, Apt. #, Etc.

200003456202-3

11/07/00-01123-014

***155.00 ***155.00

City

JACKSONVILLE

State

FL

Zip Code

32218

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

10/16/00

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
PARTNER	William K. BRADDOCK	3436 FIDDLERS BOND	PO Box 85 FERNANDINA BEACH FL 32034
PARTNER	STEPHEN R. BRADDOCK	3323 FAIRWAY OAK AMELIA ISLAND, FL	PO BOX 304 FERNANDINA BEACH FL 32034

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

10/

Daytime Phone #

904-744-6999

Typed or printed name of signing Managing Member/Manager

William K. BRADDOCK

CR2E041 (9/00)