

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 AUG 16 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002713

1. Limited Liability Company's Name

Independent Brokerage of Florida LLC

9/29/2000

2. Principal Office Address

8890 NW 27th ST

Suite, Apt. #, etc.

Suite 604

City & State

Miami, FL

Zip

33122

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

5/12/99

SEP 98

6. FEI Number

65 100 1056

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

MR JOSE PRADO

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

7373 SW 16TH Terrace

Suite, Apt. #, Etc.

City

Miami, FL

200004553222-1

-08/24/01--01012--002

****200.00 ****200.00

9. I, being appointed the registered agent of the above named limited liability company, am authorized to accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

J. PRADO

REGISTERED AGENT MUST SIGN

Date

10 May 01

10. Names and Street Addresses of Managing Members/Managers

FF \$200.00

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JAMES C HOOKS MGRM	152 Sweetbun TR	McDonough GA 30252
MGRM	Melody A Kersy MGRM	8530 SW Oxalide Dr.	Jonestown Ga. 30236
MGRM	MICHAEL K RASHEK MGRM	180 Highland Park Dr.	Sharsburg GA 30277
MGRM	Robin T Craig MGR	8203 Club House Wy	Jonesboro, Ga 30236
		50.00 - CF	
		150.00 - Adm	

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

J. PRADO

Date

10 May 01

Daytime Phone #

404 762 0083

Typed or printed name of signing Managing Member/Manager

JAMES C HOOKS

CR2E041 (9/98)