

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 10 AM 9:58

DOCUMENT # # L99000003011

1. Limited Liability Company's Name

EA FRA, LLC

CR2E041 (8/05)

2. Principal Office Address

609 NORTHLAKE BLV.

Suite, Apt. #, etc.

City & State

N. P. B.

Zip

33408

Country

PALM BEACH

3. Mailing Office Address

601 MASTERS WAY

Suite, Apt. #, etc.

City & State

P. B. C.

Zip

33418

Country

PALM BEACH

4. State/Country of Formation

U. S. A.

5. Date Organized or Qualified
To Do Business in Florida

JULY, 1999

6. FEI Number

65-0923-737

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

FRANK J. BRAIDER, JR

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

601 MASTERS WAY

Suite, Apt. #, Etc.

500078989715

08/22/06--01022--005 **205 00

City

PALM BEACH GARDENS

State

FL

Zip Code

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

Frank J. Braider, Jr.
REGISTERED AGENT MUST SIGN

Date 8/8/06

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 |
|--------|--------------------------------------|---|--------------------|
| MGRM | FRANK J. BRAIDER, JR. | 601 MASTERS WAY | P. B. C. 33418 |
| MGRM | EDNA M. BRAIDER | 601 MASTERS WAY | P. B. C. 33418 |
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REINSTATEMENT 05-06

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

Edna M. Braider

Date

8/8/06

Daytime Phone #

561-775-0487

Typed or printed name of signing Managing Member/Manager

EDNA M. BRAIDER