

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**  
 00 DEC 29 AM 10:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*mf*

**REINSTATEMENT 2000**

DOCUMENT # **L99000005604**

1. Limited Liability Company's Name  
**BRACHA MANAGEMENT LLC**

2. Principal Office Address  
**1800 NE 114 ST #2210**

Suite, Apt. #, etc.  
**2210**

City & State  
**MIAMI, FL**

Zip  
**33181**

Country  
**U.S.A**

3. Mailing Office Address  
**1800 NE 114 ST.**

Suite, Apt. #, etc.  
**2210**

City & State  
**MIAMI, FL**

Zip  
**33181**

Country  
**U.S.A**

4. State/Country of Formation  
**MIAMI, FL**

5. Date Organized or Qualified To Do Business in Florida  
**September 8, 1999**

6. FEI Number 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 **MICHAEL SCHNEIDER**

**000003524430-0**

Street Address (P.O. Box Number is Not Acceptable)  
**1800 NE 114 STREET**

**01/05/01-01018-008**

**\*\*\*\*155.00 \*\*\*\*155.00**

Suite, Apt. #, Etc.  
**2210**

City  
**MIAMI**

State **FL** Zip Code **33181**

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 **Laura Lengua**  
 REGISTERED AGENT MUST SIGN

Date **12-27-00**

**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
<b>MEM</b>	<b>MICHAEL SCHNEIDER</b>	<b>1800 NE 114 STREET #2210</b>	<b>MIAMI, FL 33181</b>

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 **12/27/00** Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/99)