


06 JAN 27 AM 11:37

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

 SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 27 AM 11:37

DOCUMENT # L99000005837					
1. Entity Name DAVIL PROPERTIES, L.C.					
Principal Place of Business 11851 NW 6TH STREET PLANTATION, FL 33325			Mailing Address 11851 NW 6TH STREET PLANTATION, FL 33325		
2. Principal Place of Business David Brand		3. Mailing Address To Brandex Components			
Suite, Apt. #, etc. 133 Nighthawk Ave		Suite, Apt. #, etc. 10440 NW 50 st		01172006 REIN-LLC CR2E101 (11/05)	
City & State Plantation, FL		City & State Sunrise, FL		4. FEI Number 65-0947964	
Zip 33324		Country Broward		Applied For Not Applicable	
Zip 33324		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOWENSTEIN, ELLIOT 2100 SALZEDO STREET, STE 303 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name MICHAEL A. BARROW, C.P.A. Street Address (P.O. Box Number is Not Acceptable) 6401 SW 87 AVE SUITE 210 City MIAMI FL Zip Code 33173		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE 		MICHAEL A. BARROW, C.P.A. 1/24/06 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRAND, DAVID 133 NIGHTHAWK AVE. FORT LAUDERDALE, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300065073933 02/02/06--01017--017 ***200.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05-06	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		1/20/06		954 746-4689	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	