

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

10 MAY 11 PM 2:10

DOCUMENT # L99000008095

1. Limited Liability Company's Name

Brauser Investment Group, LLC

600180707426
05/11/10--01006--024 **932.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

595 S. Federal Hwy
Suite, Apt. #, etc.

Ste 600

City & State

Boca Raton FL

Zip

33432

Country

USA

3. Mailing Office Address

595 S. Federal Hwy
Suite, Apt. #, etc.

Ste 600

City & State

Boca Raton

Zip

33432

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/23/1999

6. FEI Number

65-0978169

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 Brauser

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

316A NE 31st Ave

Suite, Apt. #, Etc.

City

Lighthouse Point

State

FL

Zip Code

33064

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 5/7/2010

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
MEM	Michael Brauser	316A NE 31st Ave	Lighthouse Point, FL 33064
	REINSTATEMENT <u>2005 - 2010</u>		

11. E-mail Address: ben@marlincapital.com

(To be used for future annual report notifications)

12. 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

Date 5/7/2010

Daytime Phone # 561-544-2450

Typed or printed name of signing Managing Member/Manager