2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M06000003234

1. Entity Name
BRANDYWYNE, LLC

FILED
09 FEB -5 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
19000 S.W. 53RD STREET SOUTHWEST RANCHES, FL 33332	PO BOX 268422 WESTON, FL 33326

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
418 19th Street SE	418 19th Street SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, FL	City & State: Winter Haven, FL
Zip: 33884 Country: USA	Zip: 33884 Country: USA

01202009 REIN-LLC CR2E101 (1/07)

4. FEI Number: 20-5014532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301

BK

7. Name and Address of New Registered Agent

Name: CorpDirect Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable): 515 E. Park Avenue
City: Tallahassee FL Zip Code: 32301

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: Katie Wonsch, Asst. Sec. 2/5/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WHITEHEAD, MATTHEW J 19000 S.W. 53RD STREET SOUTHWEST RANCHES, FL 33332	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HIGGINS, PERI 418 19th Street SE Winter Haven, FL 33884	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000142951410 02/06/09--01001--016 **277.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000142951410 02/06/09--01001--017 **30.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

REINSTATEMENT 2008-2009

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.

Peri Higgins, Manager

SIGNATURE: [signature] 1/25/09 616-420-5535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #