

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG -4 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400183958364
08/04/10--01002--003 **516.25

CR2E041 (11/09)

DOCUMENT # M07000006407

1. Limited Liability Company's Name

John P. Brennan Holdings, LLC

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

112 King Street

Suite, Apt. #, etc.

3. Mailing Office Address

112 King Street

Suite, Apt. #, etc.

City & State

Alexandria VA

City & State

Alexandria VA

Zip

22312

Country

USA

Zip

22312

Country

USA

4. State/Country of Formation

VA

5. Date Organized or Qualified
To Do Business in Florida

10/29/2007

6. FEI Number

56-2631730

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

Kevin P. Donaghy

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

195 Wekiva Springs Road

Suite, Apt. #, Etc.

#224

City

Longwood

State

FL

Zip Code

32779

☐ 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 2-25-10

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	Willey, Benjamin	7272 Wisconsin Ave #300	Bethesda MD 20814

REINSTATEMENT 08-10

11. E-mail Address kpdonaghy@gmail.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

4 MAR 10

Daytime Phone #

301-941-1972

Typed or printed name of signing Managing Member/Manager

N. O'Brien

AUG - 4 2010