

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 DEC 16 PM 4:45

**DOCUMENT # M98000000016**

**1. Limited Liability Company's Name**

**BRAY & GILLESPIE, L.L.C. III**

**2. Principal Office Address**

**600 North Atlantic Ave.**

Suite, Apt. #, etc.

City & State

**Daytona Beach, FL**

Zip

**32118**

Country

**USA**

**3. Mailing Office Address**

**600 North Atlantic Ave.**

Suite, Apt. #, etc.

City & State

**Daytona Beach, FL**

Zip

**32118**

Country

**USA**

**4. State/Country of Formation**

**Georgia, USA**

**5. Date Organized or Qualified**

To Do Business in Florida

**01/09/98**

**6. FEI Number**

**58-2212603**

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐ ☒

**8. Name and Address of Current Registered Agent**

Name

**MICHAEL B. DENBERG, ESQ.**

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

**2875 NE 191 STREET, SUITE 802**

Suite, Apt. #, Etc.

**SUITE 802**

City

**AVENTURA**

State

**FL**

Zip Code

**33180**

**MJH**

**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

**Dec 8, 1999**

**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
Man- ager	CAB 1, Inc.	600 North Atlantic Ave.	Daytona Beach, FL 32118

**REINSTATEMENT**

**1999**

**600003082636--0**

**12/29/99 01007 010**

**\*\*\*\*150.00 \*\*\*\*150.00**

**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

Date

**11/10/99**

Daytime Phone #

**904-267-1602**

Typed or printed name of signing Managing Member/Manager

**Charles A. Bray, as President of CAB 1, Inc.**