PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M98000000719

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC -6 AM 9: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT M

DOCUMENT # M98000000719

1. Limited Liability Company's Name

Brencor Investments LLC

2. Principal Office Address

303 Peachtree St NE

Suite, Apt. #, etc.

#4150

City & State

Atlanta, GA

Zip	Country
30308	USA

3. Mailing Office Address

303 Peachtree St NE

Suite, Apt. #, etc.

#4150

City & State

Atlanta, GA

Zip	Country
30308	USA

4. State/Country of Formation

TN

5. Date Organized or Qualified To Do Business in Florida   07/06/98

6. FEI Number		Applied For
62-1687989		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

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

300003066063 0
-12/03/99--01095--006
****155.00   ****155.00

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 _____   JENNIFER F AULTMAN   Date 12-2-99
REGISTERED AGENT MUST SIGN   ASSISTANT SECRETARY

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
Mgr	Robert A Crowder	303 Peachtree St. NE #4150	Atlanta, GA 30308

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 _Robert A. Crowder_   Date 11/23/99   Daytime Phone # 404-880-1730

Typed or printed name of signing Managing Member/Manager Robert A. Crowder

CR2E041 (9/99)