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
2004 SEP -2 PM 3:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000392

1. Limited Liability Company's Name

Dougherty + Conroy LLC
Brothers Enterprises LLC

2. Principal Office Address	**3.** Mailing Office Address
5770 West 192	3110 Pebble Ct
Suite, Apt. #, etc.: Suite 142	Suite, Apt. #, etc.:
City & State: Kissimmee FL	City & State: Kissimmee FL
Zip: 34746 Country: Osceola	Zip: 34741 Country: Osceola

4. State/Country of Formation: FL/Osceola

5. Date Organized or Qualified To Do Business in Florida: 3/17/99

6. FEI Number: 22-3638148 ☐ 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: Corporate Access
Street Address (P.O. Box Number is Not Acceptable): 236 E 6th Avenue
Suite, Apt. #, etc.:
City: Tallahassee State: FL Zip Code: 32303

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: [signature] (REGISTERED AGENT MUST SIGN) Date: 9/2/04

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
MGRM	Gary Conroy	3110 Pebble Court	Kissimmee FL 34741
MGRM	EJ Dougherty	" "	" "
MGRM	Sean Dougherty	" "	" "

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09/03/04--01072--014 **250.00

REINSTATEMENT 2002-04

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: [signature] Date: 7/26/04 Daytime Phone # 407-390-0906

Typed or printed name of signing Member/Manager: Gary Conroy