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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

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TALLAHASSEE, FLORIDA

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LP/LLP REINSTATEMENT

BRICKELL MAIN STREET, LLLP

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NO. 115 P. 2

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2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A97000002085			
1. Entity Name BRICKELL MAIN STREET, LLP			
Principal Place of Business 901 SOUTH MIAMI AVENUE SUITE 206 MIAMI, FL 33131		Mailing Address 901 SOUTH MIAMI AVENUE SUITE 206 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0838779		Applied For Not Applicable	
5. Certificate of Status Declared ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD., SUITE 1500 (AGS) MIAMI, FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. Pursuant to the provisions of section 620.1810 or 620.1805, Florida Statute, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.			
SIGNATURE 		10-29-07 DATE	
FILE NOW!!! FEE IS \$1000.00 After January 1, 2008, Fee will be \$2000.00			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M05000001883	STREET ADDRESS	
NAME	BRICKELL MAIN STREET GP LLC	CITY-ST-ZIP	
STREET ADDRESS	1001, SQ. VICTORIA, BUREAU, C-500		
CITY-ST-ZIP	MONTREAL QUE. CANADA		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: 		OCT. 29 / 07 411-344446	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Day/Mo/Phone #	

STAPLE CHECK HERE

REINSTATEMENT

2007

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