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FAX AUDIT NUMBER: H050000159963


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000009498
1. Limited Liability Company's Name
1110 BRICKELL VENTURE PARTNERS, LLC

REINSTATEMENT 2004-2005

2. Principal Office Address 1300 Brickell Avenue Suite, Apt. #, etc.		3. Mailing Office Address 1300 Brickell Avenue Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country USA	Zip 33131	Country USA

4. State/ Country of Formation Florida	
5. Date Incorporated or Qualified To Do Business In Florida 03/14/2003	
6. FEI Number 45-0507880	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	55.00 Additional Application Fee for a Certificate of Status

8. Name and address of Current Registered Agent

Name
Milagros Sanchez

Street Address (P.O. Box Number is Not Acceptable)
1300 Brickell Avenue

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33131

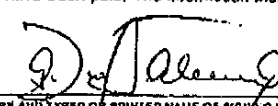
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of section 608, F.S.

Signature of Registered Agent  **Milagros Sanchez** Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/ Managers	Street Address of Each Managing Members/ Managers	City / State / Zip
MGR	Fortune International Management, Inc.	1300 Brickell Avenue	Miami, Florida 33131

10. I hereby certify that I am managing/ member 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 corporate name satisfies the requirements of section 608.408, 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  **Edgardo Defortuna,**
President of Manager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER Date _____ Daytime Phone # _____

2052

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

1110 BRICKELL VENTURE PARTNERS, LLC

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