

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 AUG -4 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07/28/09--01007--006 \*\*521.25

CR2E041 (10/08)

DOCUMENT # **L03-41407**

1. Limited Liability Company's Name

**Brickell Ventures, LLC**

2. Principal Office Address - No P.O. Box #

**7365 SW 132nd St**

Suite, Apt. #, etc.

3. Mailing Office Address

**7365 SW 132nd St**

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33156**

Country **USA**

**Miami-Dade**

Zip

**33156**

Country **USA**

**Miami-Dade**

4. State/Country of Formation

**Florida - Miami-Dade**

5. Date Organized or Qualified To Do Business in Florida

**10/28/03**

6. FEI Number

**202241420**

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

**John A. Hall**

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

**7365 SW 132nd St**

Suite, Apt. #, Etc.

City

**Miami, FL**

State

**FL**

Zip Code

**33156**

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

**John A. Hall**

REGISTERED AGENT MUST SIGN

Date

**July 21, 2009**

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	John A. Hall	7365 SW 132nd St	Miami, FL 33156

**REINSTATEMENT**

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

**John A. Hall**

Date

**7/21/09**

Daytime Phone #

**305-586-6643**

Typed or printed name of signing Managing Member/Manager

**John A. Hall**