

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2014 SEP 30 PM 12:08

SECRETARY OF STATE  
GALLAHASSEE, FLORIDA

CR2E041 (1/14)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L14 000004786

1. Limited Liability Company's Name  
CHUCHU Brickell, LLC

2. Principal Office Address - No P.O. Box # 848 Brickell AV Suite, Apt. #, etc. 2605 City & State MIAMI, FL Zip 33131 Country USA		3. Mailing Office Address 2221 NE 164 ST Suite, Apt. #, etc. 371 City & State NORTH MIAMI BEACH, FL Zip 33160 Country USA	
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4. State/Country of Formation  
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida  
1/9/14

6. FEI Number 46-4533004	Applied For Not Applicable
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7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
ROY SILVA

Street Address (P.O. Box Number is Not Acceptable)  
2221 NE 164 ST

Suite, Apt. #, Etc.  
371

City NORTH MIAMI BEACH	State FL	Zip Code 33160
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500264822455  
10/28/14--01015--011 \*\*25.00

500264822455  
09/30/14--01018--011 \*\*100.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent ROY SILVA Date 9/20/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	VINTAGE ASSETS LTD	848 BRICKELL KEY DR # 2605	MIAMI, FL 33131
<b>REINSTATEMENT</b>			

11. E-mail Address: MIAMI1603@HOTMAIL.COM  
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager [Signature] Date 9/20/14 Daytime Phone # 786.955.8756

Typed or printed name of signing Authorized Representative/Manager VINTAGE ASSETS LTD, BY GUY LOUDES

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