

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2020 JUN 15 PM 12:07

DOCUMENT # L18000285479

1. Limited Liability Company's Name
MAC IconBrickell LLC

600346407266
06/15/20--01045--024 **377.50

2. Principal Office Address - No P.O. Box # 495 Brickell Avenue		3. Mailing Office Address 495 Brickell Avenue	
Suite, Apt. #, etc. 1009		Suite, Apt. #, etc. 2301	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country USA	Zip 33131	Country USA

CR2E041 (1/14)

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 12/12/2018	
6. FEI Number 83-3541627	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name Miguel A. Morales			
Street Address (P.O. Box Number is Not Acceptable) Suite, 495 Brickell Avenue			
Apt. #, Etc. #2301			
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 Chapter 605, F.S.

Signature of
Registered Agent

Date 06/09/2020

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	Miguel A. Morales	495 Brickell Avenue #2301	Miami, FL 33131
MGR	Carlos R. Abril	495 Brickell Avenue #2301	Miami, FL 33131
REINSTATEMENT			JUN 15 2020
			R. HUNT

11. E-mail Address: MiguelMorales@MacComputerConsulting.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 06/09/2020

Daytime Phone # 786-202-8116

Typed or printed name of signing authorized representative/member

Miguel A Morales