

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 22 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004978

1. Limited Liability Company's Name

BRICKELL CORRIDOR, LLC

10/4/02

2. Principal Office Address		3. Mailing Office Address		4. State/ Country of Formation	
425 East 61 st Street		425 East 61 st Street		Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Incorporated or Qualified To Do Business in Florida	
				8/11/99	
City & State		City & State		6. FEI Number	
New York, New York		New York, New York		11-3507433	
Zip	Country	Zip	Country	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
10021	USA	10021	USA	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	

\$5.00 Additional Fee required for a Certificate of Status

8. Name and address of Current Registered Agent

Name		600008501926	
Registered Agents of Florida, LLC		-10/22/02--01023--12	
Street Address (P.O. Box Number is Not Acceptable)		****150.00 ****10.00	
100 Southeast Second Street			
Suite, Apt. #, Etc.			
Suite 3500		State	Zip Code
City		FL	33131
Miami			

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: Howard J. Vogel, VP Date: 10/10/02

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
MGRM	Metropolitan Quik Park of South Florida, LLC	333 Earle Ovington Drive, Suite 1030	Uniondale, New York 11553
			BJ

REINSTATEMENT 2002
JK

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 608.406, 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: Jacob I. Sopher, Authorized Representative Date: 10/10/02 Daytime Phone #: (212) 832-7564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER