

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000096460

1. Corporation Name

BRICKELL WEST PROPERTIES II, INC.

Principal Place of Business

Mailing Address

7050 SW 86TH AVE  
MIAMI FL 33143

7050 SW 86TH AVE  
MIAMI FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Date Incorporated or Qualified  
To Do Business in Florida

09/06/2002

5. FEI Number

01-0754904

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 - Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST	LUIS, RENE	4520 SANTA MARIA ST	CORAL GABLES FL 33146
DVS	LUIS, PABLO	4520 SANTA MARIA ST	CORAL GABLES FL 33146
DVS	FIGUERAS, JUAN E	7050 SW 86TH AVE	MIAMI FL 33143
DVS	LUIS, ALVARO	13221 SW 25TH ST	MIAMI FL 33175
DVS	LUIS, CARLOS	8741 SW 102 ST	MIAMI FL 33176

000027367180  
02/09/04--01020--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FIGUERAS, JUAN E ESQ  
7050 SW 86TH AVE  
MIAMI FL 33143

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Glenda E. Hood*  
REGISTERED AGENT MUST SIGN

Date

6/12/04

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, 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 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

*Glenda E. Hood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/12/04

Daytime Phone #

305-595-2300

FILED

04 FEB -6 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT 03-04

CR2E040 (7/03)