

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 16 AM 8:55

DOCUMENT # 742904

1. Corporation Name

HOUSES OF BRICKELL CONDOMINIUM
ASSOCIATION, INC.

2. Principal Office Address

1886 BRICKELL AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

1886 BRICKELL AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33129

Country

USA

Zip

33129

Country

USA

REINSTATEMENT

90-06

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

1978

5. FEI Number

592179049

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marilyn Brookes

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

1401 Brickell Ave.

Suite, Apt. #, Etc.

320

City

Miami

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/11/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	EDUARDO FERNÁNDEZ	51 S.W. 18 ROAD	MIAMI, FL. 33129
DVP	ALEX RODRIGUEZ	1880 BRICKELL AVE	MIAMI, FL. 33129
DST	PETER YEOMANSON	1886 BRICKELL AVE.	MIAMI, FL. 33129
D	SANDRA BERTOLERO	51 S.W. 18 ROAD	MIAMI, FL. 33129
D	KIM KOLBACK	1884 BRICKELL AVE.	MIAMI, FL. 33129
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10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO FERNANDEZ

Date

8/11/06 (305) 3653673

Daytime Phone #