


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2010 FEB -2 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT #** L04000006410

1. Limited Liability Company's Name

BRISTOL BRICKELL, LLC

000167769850  
02/02/10-01013-026 \*\*521.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # C/O 200 SOUTH BISCAYNE BLVD.		3. Mailing Office Address C/O 200 SOUTH BISCAYNE BLVD.	
Suite, Apt. #, etc. SUITE 3000		Suite, Apt. #, etc. SUITE 3000	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country USA	Zip 33131	Country USA
4. State/Country of Formation FL/USA		5. Date Organized or Qualified To Do Business in Florida 1/23/2004	
6. FEI Number 30-0227568		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name MELAND RUSSIN & BUDWICK, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BOULEVARD	
Suite, Apt. #, Etc. SUITE 3000	
City MIAMI	State FL
Zip Code 33131	

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent   
REGISTERED AGENT MUST SIGN

Date 1/23/2010

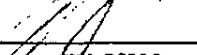
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ROLLI, GUY	C/O 200 S BISCAYNE BLVD, SUITE 3000	MIAMI, FL 33131

**REINSTATEMENT** 08-10  
AR 23-10

11. E-mail Address: CRISTINA@DELAHOZCPA.COM

12. I certify that I am managing member/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 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  Date 1/23/2010 Daytime Phone # 00 22 55 22 16 KJ  
Typed or printed name of signing Managing Member/Manager GUY ROLLI