PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 MAR 24 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 566459

1. Corporation Name

Brickell Place Condominium Association, Inc.

Filed for 2010-2014 Annual Reports Due to Vacated Conversion

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1901 Brickell Ave.		1901 Brickell Ave.	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
Box D		Box D	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33129	USA	33126	USA

4. Date Incorporated or Qualified To Do Business in Florida
02/22/1978

5. FEI Number
59-1807939
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES
$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Albert E. Acuna, P.A.
Street Address (P.O. Box Number is Not Acceptable)
782 N.W. 42nd Ave
Suite, Apt. #, Etc
343
City
Miami
State
FL
Zip Code
33126

000258817310
04/09/14--01006--007 **1358.75

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 _____ Date 3-13-14
REGISTERED AGENT MUST SIGN

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
Pres	Jose Luis Pere	1901 Brickell Ave, Unit 1707	Miami, FL 33129
VP	Juan Carlos Sagrera	1865 Brickell Ave, Unit 1810	Miami, FL 33129
S,T	Raiza Vidaurrazaga	1865 Brickell Ave, Unit 906	Miami, FL 33129
D	Frank Quintero, Jr.	1901 Brickell Ave, Unit 1712	Miami, FL 33129
D	Diana De Cespedes	1901 Brickell Ave, Unit 1413	Miami, FL 33129
D	Kenneth Snay	1865 Brickell Ave, Unit APH7	Miami, FL 33129

10. **E-mail Address:** AEAcuna@seapalaw.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, 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: _____ 03/13/2014 (305) 854-5343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Rec. by USPS - 3/24/14