


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JAN 19 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 729047**

**1. Corporation Name**  
BRICKMAN CONDOMINIUM, INC.

4250 East 4th Avenue  
same

**2. Principal Office Address**  
4250 East 4th Avenue

**3. Mailing Office Address**  
same

Suite, Apt. #, etc.

City & State  
Hialeah, Florida

City & State

Zip  
33013

Country  
Miami-Dade

Zip  
Country

**4. Date Incorporated or Qualified To Do Business in Florida** 03/12/1974

**5. FEI Number** 59-1209542

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  
Johnny Schulz

Street Address (P.O. Box Number is Not Acceptable)  
4250 East 4th Ave.

Suite, Apt. #, Etc.

City  
Hialeah

State  
FL

Zip Code  
33013

**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 *Johnny Schulz* Date 12/27/04

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.	Johnny Schulz	4250 East 4th Avenue	Hialeah, FL 33013
VP	Pedro Henandez	4244 East 4th Avenue	Hialeah, FL 33013

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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 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: *Johnny Schulz* Johnny Schulz 12/27/04 305/82241231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E081 (01/04)