

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP 17 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** F71936

**1. Corporation Name**

BRICKELL GROUP, INC.

**2. Principal Office Address**

1250 SAN REMO AVE.

Suite, Apt. #, etc.

**3. Mailing Office Address**

1250 SAN REMO AVE.

Suite, Apt. #, etc.

**City & State**

CORAL GABLES, FL

**City & State**

CORAL GABLES, FL

**Zip**

33146

**Country**

USA

**Zip**

33146

**Country**

USA

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

**5. FEI Number** 59-2179702

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

100023175811  
09/18/03--01063--023 \*\*750.00

**7. Name and Address of Current Registered Agent**

**Name**

DE PALLI, MARCIA RODRIGUEZ

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

1250 SAN REMO AVE.

**Suite, Apt. #, Etc.**

**City**

CORAL GABLES,

**State**  
FL

**Zip Code**  
33146

**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**

REGISTERED AGENT MUST SIGN

**Date**

9/15/03

**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
PV	RODRIGUEZ, RODOLFO	2025 BRICKELL AVE. #1206	BRICKELL, FL 33129
V	RODRIGUEZ, MARTHA	2025 BRICKELL AVE. #1206	BRICKELL, FL 33129
VST	DE PALLI, MARCIA RODRIGUEZ	1250 SAN REMO AVE.	CORAL GABLES, FL 33146
V	MIRAND, RODOLFO R.	2025 BRICKELL AVE. #1206	BRICKELL, FL 33129

**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:**

MARCIA RODRIGUEZ DE PALLI 9/15/03

**Date**

**Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

9/17