بسبدة كمج لها

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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F93000004191

1. Corporation Name
Brickell Equities Corporation, Ltd.

SECRETARY OF STATE TAELAHASSEE, FLORIDA

			7000	•		
2. Principal Office Address		3. Mailing Office Address				
1221 Brickell Avenue   1221 Brickell			ckell <u>Avenue</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
Ste. 1510		Ste. 1510		<b>4.</b> Date Incorporated or Qualified  To Do Business in Florida  09-15-93		
City & State Miami, Florida		City & State Miami, Florida			<del></del>	
				<b>5.</b> FEI Number 65–0435267	Applied For Not Applicable	
Zip 33131	Country USA	Zip 33131	Country USA		Additional Fee required a Certificate of Status	
	<del>.</del>	7 Name	and Addrage of Current Regis	stared Agent and any and any and any		

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	7. Name and Address of Current Registered Agent						
	Name Gloria Hernan	lez		(OK	) -0 **	1/16/0201871 **1050.00 ***10	001 50.00
	Street Address (P.O. Box Numb 1221 Brickell				rvali.	-7/X)2	
	Suite, Apt. #, Etc. Ste. 1510	Í	ENSTAT	EMENI	.000		
	City	1	•		State	Zip Code	
	Miami				FL	33131	
<b>8.</b> I, being a	appointed the registered agent of t	re above named corpor	ration, am familiar with and	accept the obligations of se	ection 607.05	05 or 617.0503, F.S.	·

Registered	Agent	AGENT MUST SIGN	Date	
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	
D	Lualdi, Giuseppina	Via Adamini 10A	CH-6901Lugano,Switzerland	
D	Zanetti, Luigi	Via Adamini 10A	CH-6901Lugano,Switzerland	
S	May, Rebecca	1221 Brickell Ave.,#1510	Miami, Florida 33131	
AS	Rosenbloom, Allan M	30 Rockefeller Plaza,9Flr	New York, NY 10012	
P	Kaminski, Amos	1221 Brickell Ave.,#1510	Miami, Florida 33131	
VP	Frankel, Sherry	1221 Brickell Ave.,#1510	Miami, Florida 33131	

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 filling 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:

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/10/02

2/2 223 0500