

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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FILED

2006 AUG 21 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

**CORPORATION**  
  
  
 FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # H 34619**  
 1. Corporation Name  
**Brickell View Corp.**

2. Principal Office Address <b>1901 Brickell Avenue</b>		3. Mailing Office Address <b>1901 Brickell Avenue</b>	
Suite, Apt. #, etc. <b>1003</b>		Suite, Apt. #, etc. <b>1003</b>	
City & State <b>Miami</b>		City & State <b>Miami</b>	
Zip <b>FL</b>	Country <b>33129</b>	Zip <b>FL</b>	Country <b>U.S.A.</b>

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**59-2678983**

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  
**A. Reza Momayezadeh**

Street Address (P.O. Box Number is Not Acceptable)  
**1901 Brickell Avenue**

Suite, Apt. #, Etc.  
**1003**

City  
**Miami**

State  
**FL**

Zip Code  
**33129**

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 *A. Momayezadeh as President* Date **August 10, 2006**

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
PD	A. Reza Momayezadeh	1901 Brickell Avenue	Miami, Fl. 33129

000079053910  
08/28/06--01030--018 \*\*150.00

B 8/22/06

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 contained in Chapter 119, 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: *A. Momayezadeh as President* Date **August 10, 2006** 305 854 1948

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

*MSG*

Brickell View Corp.  
1901 Brickell Avenue, 1003  
Miami, Florida 33129  
305 854 1948

August 10, 2006

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir / Madame:

Enclosed please find our request from for reinstatement of the above titled corporation.

We did not receive the annual form and upon conversation with one of the officer of the Department, we were asked to download the form via internet and provide this letter of explanation serving as our request for the waiver of the penalty fees.

Thank you for your courtesy and consideration and we remain;

Respectfully,

*A. Momayezadeh*

A. Reza Momayezadeh,  
President