

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



DIVISION OF CORPORATIONS

02 NOV 19 AM 10:17

1. DOCUMENT # L00000000293

Name and Mailing Address

0003513 01 FP 0.352 **PRSR T1 0 0615 33324-103510



BRICKELL BAY VIEW LLC
610 NORTHWEST 103 AVENUE
PLANTATION FL 33324-1035

SECRETARY OF STATE
TALLAHASSEE FLORIDA
300009085893
11/19/02--01083--005 **150.00



11/19 2002

2. New Mailing Address

610 NW 103 AVE

City, State, Zip

PLANTATION FL 33324

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

01/07/2000

Principal Place of Business

610 NORTHWEST 103 AVENUE
PLANTATION FL 33324

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

KOWEN, MR. ELLIS
610 NORTHWEST 103RD AVENUE
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/13/02

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|-----------------------------------|--|---------------------|
| MGRM | KOWEN, ELLIS | 610 NW 103 AVENUE | PLANTATION FL 33324 |
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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

[Signature] KOWEN

Date 11/13/02

Daytime Phone #

954-485-8800

Typed or printed name of signing Managing Member/Manager

IRIS KOWEN

X 31

CR2E084 (8/02)