

101000015227

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 19 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 101000015227

1. Corporation Name

BRICKLAND DEVELOPERS, L.L.C.

2. Principal Office Address

3. Mailing Office Address

1699 CORAL WAY #512

Suite, Apt. #, etc.

Suite, Apt. #, etc.

512

City & State

City & State

MIAMI, FLORIDA

Zip

Country

Zip

Country

33145

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

65-1134093

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

JAMES MCCOLLUM

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

129 SOUTH COMMERCE AVENUE

Suite, Apt. #, Etc.

City

SEBRING, FL 33870

State

Zip Code

FL

33870

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. 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
MNGR	ALEJANDRO BOWERS	129 SOUTH COMMERCE AVE.	SEBRING, FL 33870

REINSTATEMENT

2002

M THOMAS

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:

ALEJANDRO BOWERS, MANAGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓

12/05/02

Date

✓

(305) 216-5389

Daytime Phone #

CR2E081 (9/01)