

PLEASE RE-FILE ALL REGISTRATIONS BEFORE COMPLETING THIS FORM

L01000017430

LIMITED LIABILITY COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 29 PM 1:08

12/18/04

DOCUMENT # L01000017430

1. Limited Liability Company's Name

BRICKELL TOWNGATE, LLC

3500

REINSTATEMENT 2003

2. Principal Office Address

3500 CORALWAY

Suite, Apt. #, etc.

3. Mailing Office Address

SOME

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33145

Country

USA

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

10/10/2001

6. FEI Number

651146280

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

Name

CBF CONSULTANTS L03-1780

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

14820 SW 144 TERR.

800025785918

12/29/03--01009--010 **155.00

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33126

9. 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]

Date

12-22-03

REGISTERED AGENT MUST SIGN

10. Names and Street Address

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DYKSZTEIN, JORGE
3000 S.W. 3RD AVE. SUITE 102

MIAMI FL 33129

MGRM

GOMEZ, JAIME
3000 S.W. 3RD AVE. SUITE 102

MIAMI FL 33129

MGRM

GORDILLO, DELIA
3000 S.W. 3RD AVE. SUITE 102

MIAMI FL 33129

MGRM

FOFEROD CORP.
3000 S.W. 3RD AVE. SUITE 102

MIAMI FL 33129

MGRM

City / State / Zip

11. I certify that I am managing member/manager of 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

Ricardo Ordóñez

Date

12-23-03

Daytime Phone #

305 926-7810

Typed or printed name of signing Managing Member/Manager

RICARDO ORDÓÑEZ / FO FEROD

CR2E041 (10/02)