PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 28 AM 8:57

DOCUMENT # L02000029745

1. Limited Liability Company's Name

Brickell Partners, LLC

REINSTATEMENT 04-05

2. Principal Office Address		**3.** Mailing Office Address	
1010 S. Miami Avenue		11995 El Camino Real	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		Suite #304	
City & State		City & State	
Miami, FL		San Diego, CA	
Zip	Country	Zip	Country
33131	USA	92130	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/5/2002

6. FEI Number: 57-1137218 ☐ 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: Michael Brumagin

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Street Address (P.O. Box Number is Not Acceptable): 7394 NW 114th Street

Suite, Apt. #, Etc.:

City: Parkland | State: FL | Zip Code: 33076

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: Mike Brumagin — REGISTERED AGENT MUST SIGN — Date: January 21, 2005

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Herminio C. Llevat	11995 El Camino Real, Suite	304, San Diego, CA 92130
Manager	George E. Christodoulo	88 Black Falcon Ave., Suite	345, Boston, MA 02210

CR2E041 (10/02)

11. 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] Date: 1/21/2005 Daytime Phone #: 617-439-4990

Typed or printed name of signing Managing Member/Manager: George E. Christodoulo

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