

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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***FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

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DOCUMENT # L02000029745

1. Limited Liability Company's Name

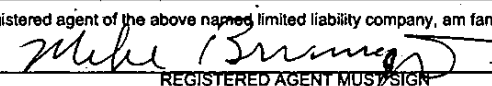
Brickell Partners, LLC

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

REINSTATEMENT-04-05

8. Name and Address of Current Registered Agent	
Name Michael Brumagin	
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 	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

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 	Date 1/21/2005 Daytime Phone # 617-439-4990
Typed or printed name of signing Managing Member/Manager George E. Christodoulo	