

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 24 AM 9:33

DOCUMENT # L03000041081

1. Limited Liability Company's Name

Fittipaldi Brickell Developers I, LLC

800042926478

11/22/04--01044--021 **150.00

2. Principal Office Address

735 Crandon Blvd.

Suite, Apt. #, etc.

503

City & State

Key Biscayne, FL

Zip

33149

Country

Miami-Dade

3. Mailing Office Address

1001 Brickell Bay Drive

Suite, Apt. #, etc.

9th Floor

City & State

Miami, FL

Zip

33131

Country

Miami-Dade

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

10/24/2003

6. FEI Number

20-0339708

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

Kashyap D. Bakhai

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

1001 Brickell Bay Drive

Suite, Apt. #, Etc.

9th Floor

City

Miami

State
FL

Zip Code
33131

REINSTATEMENT 04-05

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]

REGISTERED AGENT MUST SIGN

Date

2/15/05

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
mgrm	Emerson Fittipaldi	735 Crandon Blvd., # 503	Miami, FL 33149

800042926478

03/02/05--01055--002 **50.00

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

11/19/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager