

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2010 FEB -2 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04000006410

1. Limited Liability Company's Name

BRISTOL BRICKELL, LLC

000167769850
02/02/10-01013-026 **521.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # C/O 200 SOUTH BISCAYNE BLVD.		3. Mailing Office Address C/O 200 SOUTH BISCAYNE BLVD.		4. State/Country of Formation FL/USA	
Suite, Apt. #, etc. SUITE 3000		Suite, Apt. #, etc. SUITE 3000		5. Date Organized or Qualified To Do Business in Florida 1/23/2004	
City & State MIAMI, FL		City & State MIAMI, FL		6. FEI Number 30-0227568	
Zip 33131	Country USA	Zip 33131	Country USA	☐ 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
MELAND RUSSIN & BUDWICK, P.A.

Street Address (P.O. Box Number is Not Acceptable)
200 SOUTH BISCAYNE BOULEVARD

Suite, Apt. #, Etc.
SUITE 3000

City
MIAMI

State
FL

Zip Code
33131

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 1/23/2010

REGISTERED AGENT MUST SIGN

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	ROLLI, GUY	C/O 200 S BISCAYNE BLVD, SUITE 3000	MIAMI, FL 33131

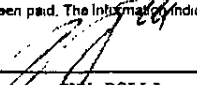
REINSTATEMENT

18-10
AR 23-10

11. E-mail Address: CRISTINA@DELAHOZCPA.COM

(To be used for future annual report notifications)

12. 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 1/23/2010

Daytime Phone # 00 22 55 27716 KJ

Typed or printed name of signing Managing Member/Manager GUY ROLLI