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

000167769650
02/02/10--01013--026 **521.25

CR2E041 (11/09)

DOCUMENT # L04000006410

1. Limited Liability Company's Name
BRISTOL BRICKELL, LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| C/O 200 SOUTH BISCAYNE BLVD. | C/O 200 SOUTH BISCAYNE BLVD. |
| Suite, Apt. #, etc. SUITE 3000 | Suite, Apt. #, etc. SUITE 3000 |
| City & State MIAMI, FL | City & State MIAMI, FL |
| Zip 33131 / Country USA | Zip 33131 / Country USA |

4. State/Country of Formation FL/USA

5. Date Organized or Qualified To Do Business in Florida 1/23/2004

6. FEI Number 30-0227568 ☐ 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 |
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REINSTATEMENT 08-10

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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 52 555 27516 MX

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