


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>LO4000050134</u>			
1. Limited Liability Company's Name <u>FERI Brickell, LLC</u>			
2. Principal Office Address - No P.O. Box # <u>6830 SW 90 Street</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>P.O. Box 600580</u> Suite, Apt. #, etc.	
City & State <u>Pinecrest, FL</u> Zip <u>33156</u> Country <u>Dade</u>		City & State <u>Jacksonville, FL</u> Zip <u>32260</u> Country <u>Dual</u>	
4. State/Country of Formation <u>Florida / Dade</u>		5. Date Organized or Qualified To Do Business in Florida <u>7/6/2004</u>	
6. FEI Number <u>02-0728148</u>		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name <u>Eunice Gallito</u> Street Address (P.O. Box Number is Not Acceptable) <u>2825 S.W. 22nd Avenue</u> Suite, Apt. #, Etc. <u>Suite 105</u> City <u>Doral</u> State <u>FL</u> Zip Code <u>33145</u>			
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 <u>Eunice Gallito</u> Date <u>12-3-09</u> 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
MEMBER	J&JP Funding Corp.		
	401(K) Profit		
	Sharing Plan	P.O. Box 600580	Jacksonville, FL 32260
	REINSTATEMENT 2009		
11. E-mail Address: <u>japruessin@aol.com</u> (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 <u>[Signature]</u> Date <u>12/3/09</u> Daytime Phone # <u>904-534-1043</u> Typed or printed name of signing Managing Member/Manager			



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 DEC -8 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 16, 2009

JEFFREY A PRUSSIN
J&JP FUNDING CORP 401(K) PROFIT SHARING
P O BOX 600580
JACKSONVILLE, FL 32260

SUBJECT: IERI BRICKELL, LLC
Ref. Number: L04000050134

We have received your document for IERI BRICKELL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at www.sunbiz.org. Simply click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mail with a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with pre-established Sunbiz E-File accounts may choose the Sunbiz E-File account option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for the total amount due.

If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 009A00035630