

L05000040494

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000040494 1. Limited Liability Company's Name Brickell III, LLC			
2. Principal Office Address - No P.O. Box # 515 E. Park Avenue Suite, Apt. #, etc.		3. Mailing Office Address 515 E. Park Avenue Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32301	Country USA	Zip 32301	Country USA
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 4/25/05	
6. FEI Number		☐ 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 CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue Suite, Apt. #, Etc. City Tallahassee		State FL Zip Code 32301	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent <i>[Signature]</i> Date 7/16/07 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Evgeny Ivanov	515 East Park Avenue	Tallahassee, FL 32301
REINSTATEMENT 2006-2007			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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 <i>[Signature]</i> Date 7/16/07 Daytime Phone # 9/522-3456 Typed or printed name of signing Managing Member/Manager Evgeny Ivanov			

BK

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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