

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000049546**

1. Limited Liability Company's Name

3502 Icon Brickell, LLC

2. Principal Office Address - No P.O. Box #

500 N.E. 3rd Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

500 N.E. 3rd Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

5/18/05

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

Steven Feller

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

500 N.E. 3rd Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33301

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6/3/10**

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
MGR	STEVEN FELLER	500 N.E. 3rd Avenue Ft. Lauderdale, FL 33301	FL 33301

REINSTATEMENT

2008-2010

11. E-mail Address: **LTELLO@BELLSOUTH.NET**

(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

[Signature]

Date **5/3/10**

Daytime Phone # **(954) 467-1402**

Typed or printed name of signing Managing Member/Manager

RECEIVED
DIVISION OF CORPORATIONS
10 MAY 11 PM 4:54

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