

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000010714

1. Entity Name
BRICKELL VILLAGE CORPORATE CENTER, LLC



SECRET
DIVISION

07 OCT 12 PM 4:20

Principal Place of Business
2601 S. BAYSHORE DRIVE, STE. 200
MIAMI, FL 33133

Mailing Address
2601 S. BAYSHORE DRIVE, STE. 200
MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10042007 REIN-LLC CR2E101 (1/07)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROLINICK, NEIL S ESQ.
2525 PONCE DE LEON BLVD., STE. 400
MIAMI, FL 33134-6012

7. Name and Address of New Registered Agent

Name JACK KAPLAN % NEW DAWN BRICKELL

Street Address (P.O. Box Number is Not Acceptable)
2601 S. BAYSHORE DR. Suite 200

City COCONUT GROVE

FL

Zip Code 33133

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jack Kaplan (JACK KAPLAN) member 10-23-07

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME KAPLAN, JACK
STREET ADDRESS 2601 S. BAYSHORE DRIVE, STE. 200
CITY-ST-ZIP MIAMI, FL 33133

TITLE MGR ☐ Delete
NAME AVILA, EDUARDO
STREET ADDRESS 2601 S. BAYSHORE DRIVE, STE. 200
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400110745784
CITY-ST-ZIP 10/12/07--01067--020 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jack Kaplan 10-5-07 305-857-0400

REINSTATEMENT