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Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

ICON BRICKELL 3809 LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$521.25

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE FLORIDA

CR2E041 (10/08)

DOCUMENT # L06000018668

1. Limited Liability Company's Name

ICON BRICKELL 3809 LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2101 BRICKELL AVENUE		2101 BRICKELL AVENUE	
Suite, Apt. #, Etc.		Suite, Apt. #, Etc.	
401		401	
City & State		City & State	
MIAMI, FLORIDA		MIAMI, FLORIDA	
Zip	Country	Zip	Country
33129	USA	33129	USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 02/17/2006

6. FEI Number [illegible]

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
ALDO PELLICCE

Street Address (P.O. Box Number is Not Acceptable)
2101 BRICKELL AVENUE

Suite, Apt. #, Etc.
401

City: MIAMI State: FL Zip Code: 33129

☐ 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: JANUARY 21, 2009

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PELLICCE, ALDO	2101 BRICKELL AVENUE #401	MIAMI, FL 33129

11. 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: 01/21/2009 Daytime Phone#: 3054333760

Typed or printed name of signing Managing Member/Manager: ALDO PELLICCE, MANAGING MEMBER

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