PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 JUL 30 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000006357

CR2E041 (1/11)

1. Limited Liability Company's Name
Brickell Investments, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1221 Brickell Ave.	791 Crandon Blvd.
Suite, Apt. #, etc.: 1050	Suite, Apt. #, etc.: 302
City & State: Miami, Fl	City & State: Key Biscayne, Fl
Zip: 33131 Country: U.S.A.	Zip: 33149 Country: U.S.A.

4. State/Country of Formation: FL/U.S.A.

5. Date Organized or Qualified To Do Business in Florida: 01/18/2007

6. FEI Number: 32-0192934 ☐ 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: Alex Tommasino
Street Address (P.O. Box Number is Not Acceptable): 1221 Brickell Ave.
Suite, Apt. #, Etc.: 1050
City: Miami, Fl State: FL Zip Code: 33131

E-mail Address:
100249908471
07/18/13--01019--011 **893.75
alex.tommasino@brickellinvestments.com
(To be used for future annual report notices)

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 Alex Tommasino Date 07/30/2013
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
Pres.	Alex Tommasino	1221 Brickell Ave. #1050	Miami,Fl 33131

JUL 30 2013
T. SCOTT
REINSTATEMENT 09-13

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 608.405, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Alex Tommasino Date 07/30/2013 Daytime Phone # 305-498-3434

Typed or printed name of signing Managing Member/Manager