FILED
12 APR 25 AM 10: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000043471

1. Limited Liability Company's Name

1201 Brickell Bay Drive, LLC

000231411200
04/25/12--01005--023 **515.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
C/O GRUPO P.R.A., S.A.		C/O GRUPO P.R.A., S.A.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Avenida Gran Capitan, 2		Avenida Gran Capitan, 2	
City & State		City & State	
Córdoba		Córdoba	
Zip	Country	Zip	Country
14008	Spain	14008	Spain

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 4/24/2007

6. FEI Number: 20-8969543 ☐ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

E-mail Address: jagalvan@grupoprasa.es
(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 Michele Holden Michele Holden, Asst. Secretary Date 04/25/2012
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
MGR	D. Juan Carlos Romero González	c/o GRUPO P.R.A., S.A. Avenida Gran Capitan, 2	Córdoba, 14008, Spain
MGR	José María Navarro Lacoba	c/o INVERNOSTRA, "Sa Nostra" Caixa de Balears, Calle Ter, 16, Torre A, Planta 1a	Palma de Mallorca, 07009, Spain
	REINSTATEMENT-2010-2012		

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; 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 _____ Date 04/24/2012 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager D. Juan Carlos Romero González