

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPLICATION
FOR
REINSTATEMENT

FILED

98 APR 27 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *L 39989*

1. Corporation Name *BRICKELL HOTEL INVESTMENTS, INC.*

Principal Place of Business Mailing Address

*6581 S.W. 8St.
MIAMI, FLORIDA 33144* *SOME.*

REINSTATEMENT

93-28

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc. *6581 S.W. 8St.*

Suite, Apt. #, etc. *MIAMI, FLORIDA*

5. FEI Number *650195624*

Applied For
Not Applicable

City & State *MIAMI, FLORIDA*

City & State

Zip *33144*

Country

Zip *33144*

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>D</i>	<i>DEL REY, CESAR</i>	<i>6581 S.W. 8St.</i>	<i>MIAMI, FL. 33144</i>
			<i>600002510776-8 -05/05/98--01057--003 ****700.00 ****700.00</i>
			<i>600002510776-8 -05/05/98--01057--004 ****700.00 ****700.00</i>
			<i>600002510776-8 -05/05/98--01057--005 ****108.75 ****108.75</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*CESAR DEL REY
6581 S.W. 8St.
MIAMI, FL. 33144*

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Cesar del Rey

REGISTERED AGENT MUST SIGN

Date *4/22/98*

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation 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:

Cesar del Rey (D) CESAR DEL REY

4/22/98 (305)883-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CP6040 (8/95)