FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 41110

1. Corporation Name

Brickell Marketing, Inc.

REINSTATEMENT 97-02

000005493250--4
-05/09/02--01008--018
***1500.00 ***1500.00

2. Principal Office Address	3. Mailing Office Address
999 Brickell Bay Drive	999 Brickell Bay Drive
Suite, Apt. #, etc. Suite 602	Suite, Apt. #, etc. Suite 602
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country USA	Zip 33131 Country USA

4. Date Incorporated or Qualified to Do Business in Florida

5. FEI Number 65-0344739 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Hector Maselli

Street Address (P.O. Box Number is Not Acceptable): 999 Brickell Bay Drive

Suite, Apt. #, Etc.: Suite 602

City: Miami State: FL Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date April 19, 2002

REGISTERED AGENT MUST SIGN

CR2C081 (9/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Maselli, Hector	999 Brickell Bay Drive, #602	Miami, FL 33131
D	Rodriguez, Jose Luis	999 Brickell Bay Drive, #602	Miami, FL 33131

10. 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., taxes at least owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #