

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99000004302 1. Limited Liability Company's Name Dolphin Brickell, L.L.C.			
2. Principal Office Address 425 East 61 Street Suite, Apt. #, etc.		3. Mailing Office Address 425 East 61 Street Suite, Apt. #, etc.	
City & State New York, NY Zip 10021		City & State New York, NY Zip 10021	
Country USA		Country USA	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 7/15/1999	
6. FET Number 22-3680095		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒		\$5.00 Additional Fee Required for a Certificate of Status	

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 04 MAR 31 PM 2:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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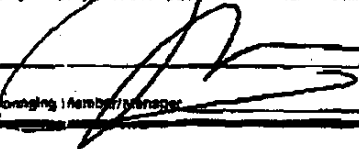
8. Name and Address of Current Registered Agent			
Name Nicole S. Sayfie			
Street Address (P.O. Box Number is Not Acceptable) 150 West Flagler Street			
Suite, Apt. #, Etc. Suite 2200			
City Miami	State FL	Zip Code 33130	

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 	Date 03-30-04 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Time	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Metropolitan Quik Park of South Florida	333 Earle Ovington Dr. Ste 1030	Uniondale, NY 11553

REINSTATEMENT 2002-2004

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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 extinguished, the limited liability company name satisfies the requirements of section 605.405, 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.	
Signature of Managing Member/Manager 	Date 3/30/04 Daytime Phone # 305-373-6200
Typed or printed name of signing Managing Member/Manager _____	



CORPORATION SERVICE COMPANY

L99000004302

ACCOUNT NO. : 072100000032

REFERENCE : 534730 4311473

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 255.00

ORDER DATE : March 31, 2004

ORDER TIME : 10:27 AM

ORDER NO. : 534730-005

CUSTOMER NO: 4311473

CUSTOMER: Ms. Jackie Gerstenfeld
Stearns Weaver Miller
Suite 2200, Museum Tower
150 West Flagler Street
Miami, FL 33130

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NAME: DOLPHIN BRICKELL, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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