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From:
Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305)358-6300
Fax Number : (305)381-9982

CORPORATION REINSTATEMENT

MARY BRICKELL VILLAGE OWNERS ASSOCIATION, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000005624

1. Corporation Name

Mary Brickell Village Owners Association, Inc.

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
901 S. Miami Avenue		901 S. Miami Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 206		Suite 206	
City & State		City & State	
Miami		Miami	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/14/2007

5. FEI Number: 20-3859698 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Corporation Company of Miami

Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd.

Suite, Apt. #, Etc.: 1500 (JDW)

City: Miami | State: FL | Zip Code: 33131

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0501 or 617.0503, F.S.

Signature of Registered Agent: By: [signature] Assistant Secretary — Date: 08/26/2009

REGISTERED AGENT MUST SIGN

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	Perez, Fernando	901 S. Miami Avenue, Suite 206	Miami, FL 33131
D	Santini, Fred	901 S. Miami Avenue, Suite 206	Miami, FL 33131
D	Baffa, David	901 S. Miami Avenue, Suite 206	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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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] Fred J. Santini, Senior Legal Counsel & Director, Law Department — Aug 27, 2009 — (416) 369 4446

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