PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 MAY 12 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # N08000008101

1. Corporation Name

Infinity at Brickell Commercial Condominium Association, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
40 SW 13th Street		60 SW 13th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		MGT Office	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33130	USA	33130	USA

4. Date Incorporated or Qualified To Do Business in Florida
08/26/2008

5. FEI Number
263896052

☐ 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
Randall K. Roger

Street Address (P.O. Box Number is Not Acceptable)
621 NW 53rd Street

Suite, Apt. #, Etc.
Suite 300

City: Boca Raton | State: FL | Zip Code: 33487

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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 05/07/2014

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
P	Marcello Agostini	40 SW 13th Street, Suite 202	Miami, Florida, 33130
VP	Hector Lopez	1643 Brickell Avenue #4801	Miami, Florida, 33129
Sec/Treas	Maria Bottas	1643 Brickell Avenue #4801	Miami, Florida, 33129

10. **E-mail Address:** manager@infinityatbrickell.net
(To be used for future annual report notification)

11. 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. I further certify, 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: Marcello Agostini 05/06/2014 305-381-5715

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

K. AGUILERA