

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

14 NOV 10 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N10000001546

1. Corporation Name

BRICKELL PLACE CONDOMINIUM ASSOCIATION, INC.

600266475156  
11/13/14--01006--017 \*\*245.00

|   |               |                           |               |
|---|---------------|---------------------------|---------------|
| 2. Principal Office Address - No P.O. Box # |               | 3. Mailing Office Address |               |
| 1901 BRICKELL AVENUE                        |               | 1901 BRICKELL AVENUE      |               |
| Suite, Apt. #, etc.                         |               | Suite, Apt. #, etc.       |               |
| BOX D                                       |               | BOX D                     |               |
| City & State                                |               | City & State              |               |
| MIAMI, FLORIDA                              |               | MIAMI, FLORIDA            |               |
| Zip   | Country       | Zip                       | Country       |
| 33129                                       | UNITED STATES | 33129                     | UNITED STATES |

**REINSTATEMENT**

|  |                               |
|--|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida<br>FEBRUARY 10, 2010 |                               |
| 5. FEI Number<br>591297458   | Applied For<br>Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED<br>YES  |                               |
| \$8.75 - Additional Fee required for a Certificate of Status                     |                               |

7. Name and Address of Current Registered Agent

Name  
SKRLD, INC.

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

Suite, Apt. #, etc.  
11TH FLOOR

City  
CORAL GABLES

State  
FL

Zip Code  
33134

NOV 13 2014

A. DUNLAP

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

*[Signature]*

Date

11/4/14

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      | JOSE LUIS PERE                    | 1901 BRICKELL AVENUE, UNIT 1707                | MIAMI, FL 33129    |
| VP     | JUAN CARLOS SAGRERA               | 1865 BRICKELL AVENUE, UNIT 1810                | MIAMI, FL 33129    |
| S/T    | RAIZA VIDAURRAZAGA                | 1865 BRICKELL AVENUE, UNIT 906                 | MIAMI, FL 33129    |
| D      | DIANA DE CESPEDES                 | 1901 BRICKELL AVENUE, UNIT 1413                | MIAMI, FL 33129    |
| D      | FRANK QUINTERO, JR.               | 1901 BRICKELL AVENUE, UNIT 1712                | MIAMI, FL 33129    |
| D      | KENNETH SNAY                      | 1865 BRICKELL AVENUE, UNIT APH7                | MIAMI, FL 33129    |

10. E-mail Address: manager@brickellplace.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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/04/14

Daytime Phone #