2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000022083 FILED 1. Entity Name 07 OCT 17 AM 10: 35 BRICKELL TRADING POST, INC. COURLIARY OF STATE Principal Place of Business Mailing Address TATTAHASSEE, FLORIDA 1245 S.W. 2ND AVENUE 1245 S.W. 2ND AVENUE MIAMI, FL 33130 MIAMI, FL 33130 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 101RENSTATEMENT98 (1/07) City & State City & State 65-1005172 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMIREZ, JESUS Street Address (F.O. Box Number is Not Acceptable) 1245 SW 2ND AVENUE MIAMI, FL 33130 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2008, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PD ☐ Addition TITLE Delete TITLE RAMIREZ, JESUS C NAME NAME 4047407--01034 STREET ADDRESS 3654 NW 12 STREET STREET ADDRESS CHY-S1-ZIP MIAMI, FL 33125 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition PICON, ELENA NAME NAME STREET ADDRESS 3654 NW 12TH STREET STREET ADDRESS CHTY-ST-ZIP MIAMI, FL 33125 CITY - ST - ZIP Change THE Delete Addition HILL RAMIREZ, ANA NAME 3654 NW 12TH STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33125 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete THLE ☐ Change Accition RAMIREZ, JESUS NAME NAME STREET ADDRESS 3654 NW 12TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33125 Delete TITLE ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition THIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplies with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that thy signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: ING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SI Date Daysime Phone