
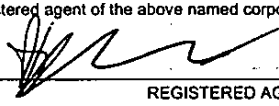
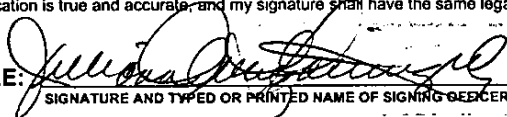


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 MAY 26 PM 3: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P0100 00 3 55 58</u>				
1. Corporation Name <u>Brickell Building Services, Inc</u>				
2. Principal Office Address <u>7014 NW 169st</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>7014 NW 169st</u> <small>Suite, Apt. #, etc.</small>		
City & State <u>Miami FL</u>		City & State <u>Miami FL</u>		
Zip <u>33015</u>	Country <u>USA</u>	Zip <u>33015</u>	Country <u>USA</u>	
4. Date Incorporated or Qualified To Do Business in Florida		REINSTATEMENT <u>04-06</u> <small>CR2E081 (12/05)</small>		
5. FEI Number <u>651006367</u>		<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name <u>Rene Mesa</u>				
Street Address (P.O. Box Number is Not Acceptable) <u>6477 SW 14st</u>				
Suite, Apt. #, Etc.				
City <u>Miami</u>		State <u>FL</u>	Zip Code <u>33144</u>	
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 <u>5/20/06</u>		
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	
<u>P</u>	<u>Juliana Dominguez</u>	<u>7014 NW 169st</u>	<u>Miami, FL 33015</u>	
		<u>800076019786</u>	<u>06/09/06 01042 015 **1050.00</u>	
		<u>8/26/5</u>		
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: 		Date <u>5/20/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>		