PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000159866

1. Corporation Name

1425 BRICKELL AVENUE, 46C, CORPORATION

REINSTATEMENT 12-13
CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
201 ALHAMBRA CIRCLE	201 ALHAMBRA CIRCLE
Suite, Apt. #, etc.: SUITE 1205	Suite, Apt. #, etc.: SUITE 1205
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/24/2004

5. FEI Number: 202813159 ☐ 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: ROLAND SANCHEZ-MEDINA, JR.

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

Suite, Apt. #, Etc.: SUITE 1205

City: CORAL GABLES State: FL Zip Code: 33134

300245372733
03/05/13--01014--006 **900.00

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 02/28/2013

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
DPS	CLAUDIO CINI	201 ALHAMBRA CIRCLE, STE 1205	CORAL GABLES, FL 33134

10. E-mail Address: ROLAND@SMGQLAW.COM
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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: _____ 02/28/13 305-377-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAR - 8 2013

A. DUNLAP