## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secret	DEPARTMENT OF STATE ecretary of State			FILED 07 NOV 13 AM 8:56
DOCUMENT # P05000079167  1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA
BRICKELL ON THE RIVER 2011 CORP.				11 <b>7</b> 1\$	<b>JU-0.33</b> 35527 -002 **450.00
·		Office Address Douglas Rd.		REIN	STACE OF THE NEW TON
Suite, Apt. #, etc. Suite 1100 Suite, Apt. # Suite		e 1100		4. Date Incorp	porated or Qualified 0.6 / 0.1 / 2005
City & State Coral Gables, FL	City & State Coral Ga	l Gables, FL		To Do Business in Florida 06 / 01 / 2005  5. FEI Number 20 – 2931113 Applied For Not Applicable	
Zip 33134 Country USA	<sup>Zip</sup> 33134	Cour	usa	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
Name Jorge L. Gurian  Street Address (P.O. Box Number is Not Acceptable 2600 Douglas Rd.  Suite, Apt. #, Etc. Suite 1100  City Coral Gables	)	State Zip Code FL 33134		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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  REGISTERED AGENT MUST SIGN					on 607.0505 or 617.0503, F.S.  Date11/9/2007
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 Salvatore Mirabile		2600 Douglas Rd. Suite 1100			Coral Gables, FL 33134
				70 11/13/	0112235527 0701052002 **300.00
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 filling 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #					

## Jorge L. Gurian, P.A.

November 9th, 2007

Division of Corporations State of Florida Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: BRICKELL ON THE RIVER 2011 CORP. (P05000079167)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for BRICKELL ON THE RIVER 2011 Corporation. The annual Uniform Business Report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2006. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2006 & 2007.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

ny truly yours,

OKGE L. GURIAN

SALVATORE MIRABILE

**Enclosure**