## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT REINSTATEM	-		S	DEPARTME Secretary of SION OF CORPO	State	TATE	07	FILE	ED AM 8: 58		
DOCUMENT # P05000092414  1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
BRICKELL ON THE RIVER 811 CORP.											
2600 Douglas Rd. 260				Mailing Office Address 2600 Douglas Rd.			400112235554 11/13/07-01052003 **300.00 REINSEMWEMENT				
Suite, Apt. #, etc. Suite 1100		Suite, Apt. #, etc. Suite 1100			4. Date Incorp		alified 0.6./	28/2005			
City & State Coral Gabl	City & State Coral	City & State Coral Gables, FL			5. FEI Numbe		_	Applied For			
<sup>Zip</sup> 33134	34 Country USA		<sup>Zip</sup> 33134	Zip Country			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent									·		
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 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 recisiered agent of the above named corporation, am-femiliar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date  11/9/2007										07	
9. Names and Street A	doresses	of Each Officer an	d/or Director (Flo	rida nonprofit co	porations mus	st list at lea	ast 3 directors)				
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip			
FRANC	FRANCESCO BRACONARO				2600 Douglas Rd. Suite 1100			Coral 33134	Gables,	FL	
						-		_			
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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: FRANCESCO BRACONARO 11/9/2007 (305)279-4101 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 811 CORP. (P05000092414)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for BRICKELL ON THE RIVER 811 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.

Very truly yours,

ORGE I GURIAN

FRANCESCO BRACONARO

Enclosure