

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000030171

1. Corporation Name

THE SAIL ON BRICKELL 1502 CORP

2. Principal Office Address - No P.O. Box #

8320 W SUNRISE BLVD.

Suite, Apt. #, etc.

Suite 202

City & State

PLANTATION, FL

Zip

33322

Country

U.S.A.

3. Mailing Office Address

8320 W SUNRISE BLVD.

Suite, Apt. #, etc.

Suite 202

City & State

PLANTATION, FL

Zip

33322

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Lamadrid Financial Services

Street Address (P.O. Box Number is Not Acceptable)

8320 W. Sunrise Blvd

Suite, Apt. #, Etc.

Suite 202

City

Plantation

State

FL

Zip Code

33322

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

Date 02/20/2010

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	CESAR RUBIO	8320 W. Sunrise Blvd, Ste. 202	Plantation, FL 33322

10. E-mail Address: alamadrid@comcast.net

(To be used for future annual report notification)

11. 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, 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.

SIGNATURE:

*Cesar Rubio*

Cesar Rubio

02/20/2010

(954) 605-8672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR -8 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200171397242  
03/08/10--01005--021 \*\*450.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

02/28/2006

5. FEI Number

20-4402300

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.