

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000000938

1. Corporation Name

BRICKELL ONE CORPORATION

Principal Place of Business

Mailing Address

520 Brickell Key Drive
Suite 0-305
Miami, Florida 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
501 Brickell Key Drive

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
400

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip
33131

Country
USA

Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/93

5. FEI Number
65-0378709

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	FABIO AURIEMO	501 Brickell Key Dr., Suite 400	Miami, Florida 33131
D	JOSE AURIEMO	501 Brickell Key Dr., Suite 400	Miami, Florida 33131
			900002601979--5
			-07/29/98-01088-022
			***2100.00 ***1050.00

8. Name and Address of Current Registered Agent

Julio E. Manguart
1428 Brickell Avenue, Main Floor
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name
Nelson Slosbergas, Esquire

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

501 Brickell Key Drive

Suite, Apt. #, Etc.

400

City

Miami

State
FL

Zip Code

33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7/14/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for
additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on Intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (6/95)