

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 30 PM 1:16
TALLAHASSEE, FLORIDA

DOCUMENT # P95000082778

1. Corporation Name

BROOKMAN-FELS MANAGEMENT CORP.

100082170681
11/30/06--01032--012 **758.75

CR2E081 (12/05)

66

2. Principal Office Address

201 ALHAMBRA CIRCLE

3. Mailing Office Address

201 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

12TH FL

Suite, Apt. #, etc.

12TH FL

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

10/27/1995

5. FEI Number

65-0631594

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

JUANITA I. KERRIGAN

Street Address (P.O. Box Numbers Not Acceptable)

201 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

12TH FL

City

CORAL GABLES

State

FL

Zip Code

33134

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

Juanita I. Kerrigan

REGISTERED AGENT MUST SIGN

Date

11/21/06

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
PTD	FELS, JON	201 ALHAMBRA CIRCLE, 12TH FL	CORAL GABLES, FL 33134
SVD	LEVY, MICHAEL	201 ALHAMBRA CIRCLE, 12TH FL	CORAL GABLES, FL 33134
		<i>[Signature]</i>	

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 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 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] MICHAEL LEVY, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/06

305 442 7000

Daytime Phone #