


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>APPLICATION<br/>FOR<br/>REINSTATEMENT</b>  |  |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |  | <b>FILED</b><br><br>97 OCT -8 AM 11:10<br><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA   |  |
| <b>DOCUMENT #</b> 795000093053  |  |   |  |  |  |
| <b>1. Corporation Name</b><br>BRICKELL Metro, Inc.  |  |   |  |  |  |
| <b>Principal Place of Business</b><br>143 S.W. 9 <sup>ST</sup> , #102<br>Miami, Fla. 33130  |  | <b>Mailing Address</b><br>David A. Anthony, Esq.<br>916 Catalonia Av.<br>Coral Gables, Fl. 33134  |  |  |  |
| <small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>  |  |   |  |  |  |
| <b>2. New Principal Office Address, If Applicable</b>   |  | <b>3. New Mailing Address, If Applicable</b>  |  | <b>4. Date Incorporated or Qualified To Do Business in Florida</b><br>12/7/95  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  | <b>5. FEI Number</b><br>650635419  |  |
| City & State  |  | City & State  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable  |  |
| Zip   | Country                                    | Zip   | Country  | <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b> |  |
| <b>7. Names and Street Addresses of Each Officer and/or Director</b> (Florida nonprofit corporations must list at least 3 directors)  |  |   |  |  |  |
| <b>1</b> Title(s)   | <b>2</b> Name of Officers and/or Directors | <b>3</b> Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)  | <b>4</b> City / State / Zip  |  |  |
| Asst  | David A. Anthony                           | 916 Catalonia Av.   | Coral Gables, Fl. 33134  |  |  |
|   |  |   | 300002316003--6  |  |  |
|   |  |   | -10/09/97--01065--001  |  |  |
|   |  |   | ****915.00 ****915.00  |  |  |
|   |  |   | <b>REINSTATEMENT</b> 96-97   |  |  |
|   |  |   | SL<br>10-8-97  |  |  |
| <b>8. Name and Address of Current Registered Agent</b>  |  |   | <b>9. Name and Address of New Registered Agent</b>   |  |  |
| David A. Anthony<br>916 Catalonia Av.<br>Coral Gables, Fl. 33134  |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City State Zip Code<br>FL |  |  |
| <b>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.</b>  |  |   |  |  |  |
| Signature of Registered Agent   |  | REGISTERED AGENT MUST SIGN  |  | Date 10/2/97   |  |
| <b>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)   |  |   |  |  |  |
| <b>12. 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.</b> |  |   |  |  |  |
| <b>SIGNATURE:</b> David A. Anthony 10/7/97 441-9711   |  |   |  |  |  |