

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1002

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 24 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 097 000054659

1. Corporation Name
Brickell Pickle, Inc.

*5/28/02 91651 030 \$150.00
02-03 UBR*

2. Principal Office Address
1830 SW 3rd Ave

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Florida

City & State

Zip
33129

Country
US

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
6/20/1997

5. FEI Number
65-0767584

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
Armando Senra

Street Address (P.O. Box Number is Not Acceptable)
1830 SW 3rd Ave

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33129

10002077781

*06/11/03--01048--015 ** 50.00*

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
[Signature]

REGISTERED AGENT MUST SIGN

Date
4/27/03

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
PD	<i>Senra, Armando</i>	<i>1830 SW 3rd Ave</i>	<i>Miami, FL 33129</i>
VPD	<i>Senra, Rosg</i>	<i>18.30 SW 3rd Ave</i>	<i>Miami, FL 33129</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 under section 119.07(3)(i), 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]* *Armando Senra*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/27/03* (305) 8598590
Daytime Phone #

CR2E081 (10/02)

7/21/03

Division of Corporations

red 2

Please be advised that I filed
the 2002 Annual Report timely.
I received a letter that you
were holding check because
I needed the FEI Number.

I sent back a letter with
number and never heard back.
I assumed Corporation was active
and when I ^{debit} receive an annual
report for 2003 I called and
was asked to file a "Restatement
Form" attached, check for \$150.00
and explanation letter.

Enclosed is a copy of the 2002 ^{Report}.
Very truly yours,
Gene
President.