

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 23 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000030721**

1. Corporation Name

BRICKELL FINANCIAL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3081 SALZEDO STREET
CORAL GABLES FL 33134

3081 SALZEDO STREET
CORAL GABLES FL 33134

If an address is incorrect in any way, line through incorrect information and enter correction below.

2. Old Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/03/1998

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HUTCHINSON, AL	3081 SALZEDO STREET	CORAL GABLES FL 33134

900003068499--8
-12/13/99--01136--003
****758.75 ****758.75

REINSTATEMENT 99 ; **ITS**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHEER, EMERY B
7700 NORTH KENDALL DRIVE
SUITE #805
MIAMI FL 33156

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date 11/16/99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert N. Hutchinson

11/16/99

Date

800-442-4690

Daytime Phone #

CP2E040 (08/98)