
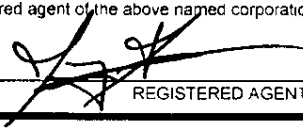
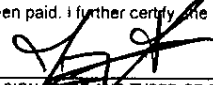


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #			
1. Corporation Name P9800065436 The Brickell Realty Group, Inc.			
2. Principal Office Address - No P.O. Box # 825 Brickell Bay Dr.		3. Mailing Office Address	
Suite, Apt. #, etc. 1849		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33131	Country Dade	Zip	Country
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida 7/23/1998	
Name Juvenal A. Piña		5. FEI Number 650047621	
Street Address (P.O. Box Number is Not Acceptable) 825 Brickell Bay Dr. #		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, Etc. 1849		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City Miami		<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
State FL		Zip Code 33131	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date 9/28/10	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Juvenal A. Piña	825 Brickell Bay Dr.	Miami, FL 33131
10. E-mail Address: _____ (To be used for future annual report notification)			
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. I further certify 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: 		Date 9/28/10 (305) 374 4277	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	