

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 NOV 20 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000047944

**1. Corporation Name**

BRICKELL VILLAGE LAND COMPANY

**2. Principal Office Address**

1000 West Ave.

Suite, Apt. #, etc.

Unit 312

City & State

Miami Beach FL

Zip

33139

Country

U.S.A.

**3. Mailing Office Address**

1000 West Ave.

Suite, Apt. #, etc.

Unit 312

City & State

Miami Beach FL

Zip

33139

Country

U.S.A.

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

May 26, 1999

**5. FEI Number**

65-0922001

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

Garry Nelson, Attorney at Law

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

1401 Brickell Avenue

Suite, Apt. #, Etc.

Suite 300

City

Miami

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 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/10/00

**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
DPS	Artur Maranhao de Souza	1000 West Ave., Unit 312	Miami Beach, Florida 33139

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTUR MARANHÃO DE SOUZA

Date

11/15/00

Daytime Phone #

(305) 639-9994

CR2E081 (9/99)