PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



DOCUMENT#

P99000102817

1. Corporation Name

BRICKELL WEST PROPERTIES, INC.

Principal Place of Business

AVENUE

Mailing Address

7050 S.W. BETH STREET



FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA



MIAMI FL (33143	43 MIAMI FL 33143							
If above a	ddresses are	incorrect in any way, line t	hrough incorrect in	nformation and e	enter correction below.				
				New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			11/24/1999 5. FEI Number Applied For		
City & State			City & State			65-0964252 Not Applicable			
Zip Country		Zip	Zip Country		CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Names a	and Street Ad	dresses of Each Officer ar	d/or Director (Flo	orida nonprofit co					
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			Cit	y / State / Zip	
PSTD			7050 S.W.	50 S.W. 86TH STREET AVENUE		MIAMI FL 33143			
SVD	LUIS, PABLO		7050 S.W. 86TH STREET AVENUE		MIAMI FL 33143				
SVD	FIGUERAS, JUAN E			7050 S.W. 86TH STREET- AVENUE		enu e	MIAMI FL 33143		
									
						5	0000343	36 7651	
							-10/24/00 ****159.1	367651 01054010 <i>c.</i> 2 ****, <i> 5977</i> 2	
1	8. Nan	ne and Address of Curre	nt Registered Age	ent		9. Name and	Address of New Registe	ered Agent	
	0. 1441				Name				
FIGUE	ERAS, JUAN	l E			Street Address (Street Address (P.O. Box Number is Not Acceptable)			
7050 S.W. 86TH STREET AVENUE					Suite, Apt. #. Etc	Suite, Apt. #, Etc.			
MIAMI FL 33143								State Zip Code	
					City		į	State Zip Code	
10. I, being	appointed th	e registered agent of the a				obligations of Se	ction 607.0505, F.S.		
Signature o Registered	of Agent		ATURE REGISTERED AG		QUIRED		Date		
this rein	nstatement ap	officer or director or the re-	ceiver or trustee e ssolution has been ne names of indivi	mpowered to ex n eliminated, the duals listed on the	ecute this application as corporate name satisfients form do not qualify for	s the requirement r an exemption u	its of section 607.0401 or i	urther certify that when filing 617,0401, F.S., that all fees F.S. The information indicated	
SIGNA ⁻	TURE:	SI HALAT	ERE PRINTED NAME OF	SIGNING OFFICE	IRED R OR DIRECTOR		0/17/00 Date	(305)595-2300 Daytime Phone #	

LAW OFFICES

PARLADE & FIGUERAS

7050-S.W. 86TH AVENUE MIAMI, FLORIDA 33143-2426

ALBERTO J. PARLADE, ESQ.

JUAN E OCTOBER 15, E2000

TELEPHONE (305) 595-2300 FACSIMILE (305) 595-0408

Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

RE: Reinstatement of BRICKELL WEST PROPERTIES, INC.

Our File No.: 2122-11

Dear Sir or Madam:

The undersigned is the attorney for the above referenced Corporation. Enclosed herein please find check covering the following fees:

	Reinstatement Fee	\$ n/a	
-	Annual Report Fee	\$ 61.50	
-	Corporate Supplemental Fee	\$ 88.87	
-	Certificate of Good Standing	\$ 8.75	
	·	 -	_
	TOTAL:	\$ 159.12	

Please note that I spoke with an advisor at the Secretary of State who informed me that the Reinstatement Fee would be waived if the Corporation never received any notices or initial reports to which I hereby certify and affirm that I did not receive. On the Application for Reinstatement the address for the corporation and all the officers, directors and registered agent appears as 7050 S.W. 86 Street when in fact the address should be as it appears in the original filings, i.e. the Articles of Incorporation, 7050 S.W. 86 Avenue, which is also the address shown in this correspondence.

Upon reinstatement, please return the Certificate of Good Standing to the undersigned at your earliest possible convenience.

Should you have any questions and/or need any additional information do not hesitate to contact our office. Otherwise, thank you for your attention in this matter.

Very truly yours,

uan E. Figueras