

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 21 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000003917

1. Corporation Name

1000 BRICKELL AVENUE CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 09-10

000166855540
01/21/10--01043--021 **122.50
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

1000 BRICKELL AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 325

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33131

Country

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

04/15/2005

5. FEI Number

202666509

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

BAJANDAS, RICARDO

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

1000 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 1020

City

MIAMI

State

FL

Zip Code

33131

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.

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]
RICARDO BAJANDAS
REGISTERED AGENT MUST SIGN

Date 1/12/2010

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
P	PATCHEN, BRIAN P	1000 BRICKELL AVENUE, SUITE 1112	Miami, FL 33131
V	WRAGG, III, OTIS O	1000 BRICKELL AVENUE, SUITE 400	Miami, FL 33131
S	PERRICONE, STEVEN J	1000 BRICKELL AVENUE, SUITE 920	Miami, FL 33131
T	FANJUL, JUSTO	1000 BRICKELL AVENUE, SUITE 1200	Miami, FL 33131
d	BUSH, HENRY B	1000 BRICKELL AVENUE, SUITE 1120	Miami, FL 33131
			OC 1/22

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:

[Signature]
Steven Perricone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/10