
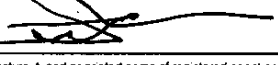
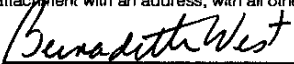


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
05 JAN -3 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|---|---|--|---|---|
| DOCUMENT # N01000006339 1. Entity Name SOUTH BEACH NSP, INC. | | | |  | |
| Principal Place of Business 900 BAY DRIVE NUMBER 1001 MIAMI BEACH, FL 33141 | | | Mailing Address 4740 NW 1ST ST MIAMI LAKES, FL 33014 | | |
| 2. Principal Place of Business <i>8320 Hawthorne Ave.</i> | | 3. Mailing Address <i>8320 Hawthorne Ave.</i> | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State <i>Miami Beach, FL</i> | | City & State <i>Miami Beach, FL</i> | | 4. FEI Number 22-3827723 | |
| Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip 33141 | | Country USA | | Zip 33141 | |
| Country USA | | Country USA | | 6. Name and Address of Current Registered Agent | |
| KAPLAN, LAWRENCE 4740 NW 157 STREET MIAMI LAKES, FL 33014 | | | | 7. Name and Address of New Registered Agent | |
| Name REINSTATEMENT | | | | Street Address _____ | |
| City FL | | | | Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  | | | | DATE 12/27/04 | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD KAPLAN, LAWRENCE 900 BAY DR, 1001 MIAMI BEACH, FL 33141 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/T Bernadette West 8320 Hawthorne Ave. Miami Beach, FL- 33141 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD WIEDMAN, DONNA 6865 NW 169 STREETM SUITE E MIAMI, FL 33015 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Damir Romic 770 NE 82n terrace Miami, FL 33138 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STARR, RITA 1810 MICHIGAN AVE MIAMI BEACH, FL 33139 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Francisco Lopez 2350-NE 135th St. North Miami, FL 33181 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gene Cook 17341 Springtree Lane Boca Raton, FL 33487 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800043811688 01/03/05--01052--005 **\$61.25 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800043811688 01/03/05--01052--006 **\$61.25 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  Bernadette West | | | DATE: 12/27/04 | | DAYTIME PHONE #: 305-865-7097 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE | | DAYTIME PHONE # |

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