

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 OCT 18 AM 7:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004057

1. Corporation Name

SOUTH BEACH GAY MEN'S CHORUS, INC.

2. Principal Office Address

736 LENOX AVE

Suite, Apt. #, etc.

7

3. Mailing Office Address

P.O. BOX 190209

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

Zip

33119-0209

Country

USA

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida

7-2-1999

5. FEI Number

650932623

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

ROBERTO FERREIRA

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

736 LENOX AVENUE

Suite, Apt. #, Etc.

7

City

MIAMI BEACH

State
FL

Zip Code

33139

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]

REGISTERED AGENT MUST SIGN

Date

10/14/02

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
T/D	ROBERTO FERREIRA	736 LENOX AVE # 7	MIAMI BEACH, FL - 33139
S/D	DAW ROBERTSON	750 ESPANOLA WAY # 11	MIAMI BEACH, FL - 33139
V/P/D	ED STRAUB	20 ISLAND AVE # 1509	MIAMI BEACH, FL - 33139
D	DAVID ETZ	1450 LINCOLN ROAD	MIAMI BEACH, FL 33139
D	FREDRIC FENSTERHACKER	6444 ALLISSON RD	MIAMI BEACH, FL - 33141

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:

ROBERTO FERREIRA - TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/02

Date

305 604 8784

Daytime Phone #

CFR2001 (8/01)