PLEASE READ ALL	INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
		I SII F.D

				•	50	<b>\</b>
	PORATION STATEMENT	Secretar	TMENT OF STATE by of State	06	F11_F.D 3NOV-8 AM 9: 12	,
DOCUMENT # P96000018582  1. Corporation Name			TA	STATE CLAHASSEL FLORIC	).C	
Sou	th Beach Securiti	es, Inc.				05-04
	Apal Office Address Ponce De Leon Boulevard 2525 Por		moe Address noe De Leon Boulevard		TATEMENT CR2E081 (12/05)	MMY
		Suite Apt # etc. Suite 400		4. Date incorporated or Qualified To Do Business in Florida		
		Coral Gat	Gables, FL 5. 65-0		653272	Applied For Not Applicable
3313	14 ÜSA	33134	ŰŜA	6.	OF STATUS DESIDED 3 75 A	id tronal Fce required eroficale of Status
Dennis J. Olle, Esq.  2525 Ponce De Leon Boulevard  Suite 400  Coral Gables  State 33134  8. 1, 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						
9. Names	and Street Addresses of Each Officer and	or Director (Florida nonpr	rofit corporations must list at le	ast 3 directors)	, <del>_</del>	
Titles	Name of Street		Street Address of Each Officer and for Director		City / State / Zip	
D/P/S	Salter, Berett		481 University Avenue, #510		Toronto, Ontario M5G 2E9	
				11/2	000-000 9706000	₹\$0.00
		· ·				
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 peld and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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 cath.  SIGNATURE:  Brett Salter  Wow 1, 2006 416.408.1111  Despring Phone #						

美藝

# ADORNO & YOSS

A LIMITED LIABILITY PARTNERSHIP

2525 PONCE DE LEON BOULEVARD, SUITE 400 MIAMI, FLORIDA 33134-6012 PHONE: (305) 460-1000, FAX: (305) 460-1422

WWW.ADORNO.COM

MARGARET O'D, RYDER PARALEGAL DIRECT LINE: (305) 460-1162
DIRECT FAX: (305) 503-8944
EMAIL: MOR@ADORNO.COM

November 6, 2006

#### VIA UPS

Tyrone Scott Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# South Beach Securities, Inc. Reinstatement

Dear Mr. Scott:

Enclosed herein is the Corporation Reinstatement for South Beach Securities Inc., which company was administratively dissolved for failure to file its annual reports. The address changed from 2601 South Bayshore to 2525 Ponce De Leon and we did not receive the notices of annual report or dissolution. Also enclosed is this firm's check in the amount of \$300 to cover the appropriate filing fees. Please note that the registered address and corporate address have been corrected.

Please acknowledge receipt of this filing and fees by stamping the enclosed copy of this letter and return the same to me in the enclosed, self-addressed, stamped envelope.

If you have any questions, please call me at (305) 460-1162.

**Enclosures** 

cc: Brett Salter (w/enclosures)

{MOR/013455.0001/M1564502\_1}

CALIFORNIA FLORIDA

RIDA

GEORGIA

NEW JERSEY

**NEW YORK** 

Washington, D.C.

# ADORNO & YOSS

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CALIFORNIA FLORIDA GEORGIA NEW JERSEY NEW YORK WASHINGTON, D.C.