

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -1 AM 10:44

DOCUMENT # 998000021205
1. Corporation Name MISTY BEACH, INC.

2. Principal Office Address <u>420 LINCOLN ROAD</u>		3. Mailing Office Address <u>420 LINCOLN ROAD</u>	
Suite, Apt. #, etc. <u>305</u>		Suite, Apt. #, etc. <u>305</u>	
City & State <u>MIAMI BEACH, FL</u>		City & State <u>MIAMI BEACH, FL</u>	
Zip <u>33139</u>	Country <u>MIAMI-DADE</u>	Zip <u>33139</u>	Country <u>MIAMI-DADE</u>

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida MARCH 31, 1998

5. FEI Number 65-0818833 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 MIGUEL H PAREDES

Street Address (P.O. Box Number is Not Acceptable) 420 LINCOLN ROAD 500003471265-8

Suite, Apt. #, Etc. 305 -11/20/00-01149-008

City MIAMI BEACH State FL Zip Code 33139 ****908.75 ****908.75

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 Miguel Paredes Date 10/27/00

REGISTERED AGENT MUST SIGN

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
<u>1st</u> <u>2nd</u> <u>3rd</u>	<u>MIGUEL H. PAREDES</u>	<u>711 JEFFERSON AVE # 3</u> <u>MIAMI BEACH, FL 33139</u>	<u>MIAMI BEACH, FL 33139</u>

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: Miguel Paredes MIGUEL H. PAREDES Date 10/27/00 (305) 534-2184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #.

CR2E081 (9/99)