

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 10 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005595

1. Corporation Name

BEACH CLUB APARTMENTS, INC.

2. Principal Office Address

c/o R. Lublin, 20 Brocklesby

Suite, Apt. #, etc.

City & State

Avon, CT

Zip

06001

Country

USA

3. Mailing Office Address

c/o R. Lublin, 20 Brocklesby

Suite, Apt. #, etc.

City & State

Avon, CT

Zip

06001

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/97

5. FEI Number

06-1496776

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

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

900049338849

03/29/05--01014--014 **1050 00

900049338849

03/29/05--01014--015 **8.75

State

FL

Zip Code

33324

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

Sohan Dindyal

Assistant Secretary

Date 03/08/05

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
Pres./Secy	Richard K. Lublin (o.+Dir)	20 Brocklesby (Sole Director)	Avon, CT 06001
V.P.	JANE Lublin (officer)	20 Brocklesby	Avon, CT 06001

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/05

Date

860 677-5432

Daytime Phone #