PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

J55480 DOCUMENT #

1. Corporation Name

THE MIAMI BEACH INTERNATIONAL HOSTEL, INCORPORA TED

% LINDA POLANSKY

Principal Place of Business

Mailing Address

% LINDA POLANSKY

FILED SECRETARY OF STATE OVISION OF CORPORATIONS

01 MAY 16 AM 8: 36

1438 WASHINGTON AVE MIAMI BEACH FL 33139-4110		1438 WASHINGTON AVE MIAMI BEACH FL 33139-4110			T 1000) KAR 1100 DINDI DININ BIBUT 1811 N DUN _p ubih bibuh dibuh dibuh dibuh dibuh dibuh dibuh dibuh			
If above a	ddresses are incorrect in any way, line t	hrough incorrect in	nformation and enter	correction below.				
	ncipal Office Address, If Applicable	New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 02/02/1987				
Suite, Apt. #, etc. Su			Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State	9	City & State	City & State		-	65-0186860	Not Applicable	
Zip	Country	Zip	Countr	ry	6. CERTIFICATE		Additional Fee required ra Certificate of Status	
7. Names	and Street Addresses of Each Officer ar	nd/or Director (Flo	rida nonprofit corpora	ations must list at	least 3 directors)			
Title(s)				Street Address of Each Officer and/or Director		City / State / Zip		
PD POLANSKY, LINDA		1438 WASHING		TON AVE		MIAMI BEACH FL		
			Renvs	TATE	113/3	00004342 -06/05/011 *****300.00	1087001 ****900.00	
	S. Name and Address of Course	at Danietonad Am		1				
POLANKY, LINDA 1438 WASHINGTON AVENUE MIAMI BEACH FL 33139 10. I, being appointed the registered agent of the above named corporation, a				Suite, Apt. #, E	s (P.O. Box Number Etc.	State FL	Zip Code	
Registered	Agent	REGISTEREDA	ENT MUST SIGN			Date	<u> </u>	
11. I certify this rein	that I am an officer or director or the red statement application, the reason for dis	eiver or trustee er solution has been	npowered to execute	this application a orate name satisfi	s provided for in cha ies the requirements	pter 607 or 617, F.S. I further of section 607.0401 or 617.04	certify that when filing 01, 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR