PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR -9 PM 8:17

DOCUMENT # J84208

1. Corporation Name
New Miami Beach, Inc.

Principal Place of Business | Mailing Address

700002839857--9
-04/15/99--01045--011
***1350.00 ***1350.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
420 Lincoln Road
Suite, Apt. #, etc.
Suite 240
City & State
Miami Beach, FL
Zip 33139 Country USA

3. New Mailing Office Address, If Applicable
420 Lincoln Road
Suite, Apt. #, etc.
Suite 240
City & State
Miami Beach FL
Zip 33139 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/24/87

5. FEI Number
65-0026454
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED X
$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/T/D	Steven Polisar	420 Lincoln Road #240	Miami Beach, FL 33139

REINSTATEMENT 95-99 TO: 4/13/99

700002839857--9
-04/15/99--01045--012
******8.75 ******8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name
Steven Polisar
Street Address (P.O. Box Number is Not Acceptable)
420 Lincoln Road
Suite, Apt. #, Etc. Suite 240
City Miami Beach State FL Zip Code 33139

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent X Steven Polisar
REGISTERED AGENT MUST SIGN
Date 4-6-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒
(See other side for information on intangible tax.)

12. 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: X Steven Polisar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99
Date

305-531-8400
Daytime Phone #