,2005 FOR PROFIT CORPORATION REINSTATEMENT

1 -	REINSTA	TEMENT					, .			
DOCU 1. Entity Nam	MENT # K07995	C part that the								
BEACH BREEZE RESORT MOTEL, INC.					FILED					
Principal Plac	e of Business	Mailing Address				0	5 NOV	17 Pi	4 12: 4	2
551 N. ATLA		551 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33	304			J.	EUKET. ALLAHA	ARY OF	F STAT FLORI	E DA
529 1	tace of Business N. Hahiz Blud	3. Mailing Address 529 N. Atla	tic Bloo	l						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			10052005	REIN-F	•	CR2E0	98 (6/04)	
	rdordale, FL	City & State			4. FEI Numbe 65-016					oplied For ot Applicable
^{zip} 33,3 (Country USA	73304	Country		5. Certificate	of Status De	esired		8.75 Addee Require	
	6. Name and Address of Current F	Registered Agent	Name		7. Name and	Address o	f New Regi	stered Aç	jent	
ASHOK, DALAL A 1266 N.W. 119TH ST Street Address (P.O. Box Number	otwa	Λî rentable): T			
	IAMI, FL 33167	•	Jueerr	240	D B	SUSTICION C	المار	Blvd	F	324 <u> </u>
			City	1		Λ			Zip Cod	
8. The above	named entity Aubmits this statement for	the purpose of changing its re		r register	ed agent, or bot	th, in the Sta	ite of Florida	FL a. I am fa	miliar with.	and accept
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
Signature Signature in out or printed name of registering afternamental applications. (NOTE: Registered Agent signature required when relastating) DATE										
SIGNATURE.	Signature, flows or printed name of maistering after a	nd the Laporcabie. (NOTE: I	Registered Agent sign	abere requir	ed when reinstating)	· · · · · · · · · · · · · · · · · · ·		DATE	<u></u>	
	····· • · · · · · · · · · · · · · · · ·	nd (tell app?cab+. (NOTE: I	Registered Agent sign	abere requir	ed when reinstating)			DATE	<u> </u>	
FILE	Sgrade for sure rane of gisters of entagents		Registered Agent sign	ature requir	od when reinstating)			DATE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

CICHATUDE.