


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K07995	
1. Entity Name BEACH BREEZE RESORT MOTEL, INC.	

Principal Place of Business 551 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33304	Mailing Address 551 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33304
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2. Principal Place of Business 529 N. Atlantic Blvd	3. Mailing Address 529 N. Atlantic Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33304	Country USA

FILED
05 NOV 17 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0169442	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ASHOK, DALAL A 1266 N.W. 119TH ST NORTH MIAMI, FL 33167	
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7. Name and Address of New Registered Agent Name Nitin Motwani Street Address (P.O. Box Number is Not Acceptable) 2400 E. Las Olas Blvd #324 City Ft. Lauderdale FL Zip Code 33301	
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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 	DATE 10/12/05

Signature, in ink or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOTWANI, RAMOLA R 551 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOTWANI, RAMOLA 2400 E. Las Olas Blvd #324 Ft. Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

600061522476
11/17/05--01048--016 **750.00

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 an address, with all other like empowered.	
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SIGNATURE: 