PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV -5 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 9/1-97

DOCUMENT # K42128

1. Corporation Name
SOUTH BEACH DEVELOPMENT CORP.

Principal Place of Business
2501 ~~S. [illegible]~~ HOLLYWOOD BLVD.
SUITE 220
HOLLYWOOD, FL 33020

Mailing Address
C/O DAVID SCHARLIN
2501 HOLLYWOOD BLVD.
SUITE 220
HOLLYWOOD, FL 33020

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

2. New Principal Office Address, If Applicable
2501 HOLLYWOOD BLVD.
Suite, Apt. #, etc. SUITE 220
City & State HOLLYWOOD, FL
Zip 33020 Country USA

3. New Mailing Office Address, If Applicable
C/O DAVID SCHARLIN, 2501 Hollywood Blvd.
Suite, Apt. #, etc. SUITE 220
City & State HOLLYWOOD, FL
Zip 33020 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 10/31/88

5. FEI Number 65-0084213 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$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
PD	SCHARLIN, DAVID	2501 HOLLYWOOD BLVD. SUITE 220	HOLLYWOOD, FL 33020
TD	FISHER, RANDALL C.	7540 S.W. 114 ST.	MIAMI, FL 33156
VD	ROBINS, CRAIG	230 5TH ST.	MIAMI BEACH, FL 33139
SD	ROBINS, SCOTT	230 5TH ST.	MIAMI BEACH, FL 33139

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*****9[illegible]******919.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name SCHARLIN, DAVID
Street Address (P.O. Box Number is Not Acceptable) 2501 HOLLYWOOD BLVD.
Suite, Apt. #, Etc. SUITE 220
City HOLLYWOOD State FL Zip Code 33020

CR2E040 (12/96)

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 [signature]
REGISTERED AGENT MUST SIGN
Date 10/28/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: [signature] DAVID SCHARLIN, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/28/97
Daytime Phone # (954)920-1802