

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 OCT 25 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K42128**

1. Corporation Name
South Beach Development Corp

2. Principal Office Address

523 Michigan Ave

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33139

Country

USA

3. Mailing Office Address

523 Michigan Ave

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name

Jonathan Fryd

Street Address (P.O. Box Number is Not Acceptable)

523 Michigan Ave

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10/22/01**

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|------------|--------------------------------------|---|-----------------------------|
| MDV | Scott Robins | 230 5th STREET | Miami Beach FL 33139 |
| P/D | David Scharlin | 3635 BATTERSEA RD | Miami FL 33133 |
| T/D | Randall C Fisher | 7540 SW 114 ST | Miami FL 33156 |
| | | | |
| | | | |
| | | | |

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/01

Date

305-673-2948

Daytime Phone #

CR2E081 (9/00)

South Beach Development
Corp.

523 Michigan Avenue, Miami Beach, FL 33139 Tel:
305-673-2948

October 22, 2001

Sean Toner
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Toner:

Enclosed please find our reinstatement form. Please be advised that we never received the Uniform Business Report that was mailed. Your data base reflects this.

I am enclosing our check for \$150.00 and request that our corporation be reinstated.

Sincerely,



Alice Papelian

Enc.