

Rx Date/Time

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KOCH REISS & CO

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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

MAY 29 AM 10:58

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # K66736

1. Corporation Name

BEACH HIGHER POWER CORP.

2. Principal Office Address

21215 NE 38TH AVE

3. Mailing Office Address

21215 NE 38TH AVE

REINSTATEMENT 02-03

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVENTURA FL

City & State

AVENTURA FL

4. Date Incorporated or Qualified To Do Business in Florida

2/17/89

5. FEI Number

65-0102530

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUDAH BURSTYN

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

1170 NW 11TH ST

Suite, Apt. #, Etc.

400020253404

05/29/03--01057--007 **90.00

City

MIAMI

State

FL

Zip Code

33136

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/28/03

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
PS	JUDAH BURSTYN	1170 NW 11TH ST	MIAMI FL 33136

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/28/03

Daytime Phone #

305-324-0800

CR2001 (10/02)