

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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DOCUMENT # M60705

1. Corporation Name

NORTH BEACH HOTEL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O CORPICO, INC.
18001 COLLINS AVE.
NO. MIAMI FL 33160C/O CORPICO, INC.
18001 COLLINS AVE.
NO. MIAMI FL 33160

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0029329

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
D	ANDREU, JOSEFINA	18001 COLLINS AVENUE	N. MIAMI BEACH FL
P	RIASCO, ALVARO	18001 COLLINS AVENUE	N. MIAMI BEACH FL
D	SARMIENTO, GUILLERMO	18001 COLLINS AVENUE	N. MIAMI BEACH FL
SD	RIASCOS, CARLOS	18001 COLLINS AVENUE	N MIAMI BEACH FL
D	LOPEZ, LUIS B	18001 COLLINS AVENUE	N MIAMI BEACH FL
D	MORALES, GERMAN	18001 COLLINS AVENUE	N. MIAMI BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORALES JR, GERMAN
18001 COLLINS AVE
S-700A
N MIAMI BCH FL 33160

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #