

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 FEB 10 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 00000000S444

1. Corporation Name

South Beach Civic Association,  
INC

2. Principal Office Address

4737 N. Ocean Blvd

Suite, Apt. #, etc.

#167

City & State LAUDERDALE

BY THE SEA, FLORIDA

Zip

33308

Country

USA

3. Mailing Office Address

4737 N. Ocean Blvd

Suite, Apt. #, etc.

#167

City & State LAUDERDALE BY THE SEA

LBTS, FL 33308

Zip

33308

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8-18-2000

5. FEI Number

11-5269426

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

Charles T. Clark

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

1915 E. Terra Mar Drive

Suite, Apt. #, Etc.

LAUDERDALE

City

LAUDERDALE BY THE SEA

State

FL

Zip Code

33062

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

000048509-050  
02/21/05-01022-009 \*\*\*358.75

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
P	Derek Lewin	1800 S. Ocean Blvd	LBTS, FL 33062
T	Roseann Minnet	2000 S. Ocean Blvd	LBTS, FL 33062
V	Dr. Kenneth Most	2160 SE 16 Street	LBTS, FL 33062
D	Jack Cooney	5400 N. Ocean Blvd	LBTS, FL 33062
D	Gilbert Berken	1700 S. Ocean Blvd	LBTS, FL 33062
D	Jack Scott	5400 N. Ocean Blvd	LBTS-FL 33062

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:

*Roseann Minnet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-29-05

Daytime Phone #

954-801-6747

CR2E081 (01/06)