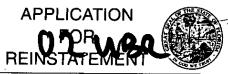
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

--Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N09561

1. Corporation Name

| <b>BEACH PLAZA APARTMENT MOTEL</b> | CONDOMINIUM A | ASSOCIAT |
|------------------------------------|---------------|----------|
| ION, INC.                          |               |          |

Principal Place of Business

Mailing Address

14560 GULF BLVD. MADEIRA BEACH FL 33708 14560 GULF BLVD. MADEIRA BEACH FL 33708 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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| Z. HEW F   | If above addresses are incorrect in any way, line through incorrect information and enter correction.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable |                                  |   |   | - A Data la            | 0 00 1                             |                |  |
|--|---|----------------------------------|---|---|------------------------|------------------------------------|----------------|--|
|  |   | g Ottoo / taaress, ii Applicable |   | Date Incorporated or Qualified     To Do Business in Florida     O5/31/1985             |                        |                                    |                |  |
| Suite, Apt. #, etc. Suite, Apt.                          |   | #, etc.                          |   | 5 EEI Nun   | 5 CCI Number           |                                    |                |  |
| City & State City & Sta                                  |   | City & Stat                      | ate   |   | 3. FEI NUII            | 59-2527843                         |                |  |
| Zip Country Zip  |   |                                  |   |   | 6.                     |                                    | Not Applicable |  |
|  |   | Country                          |   | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status |                        |                                    |                |  |
| 7. Names   | and Street Addresses of Each Officer an   | d/or Director (F                 | lorida nonprofit d                                | corporations must list at le  | east 3 directors       | )                                  |                |  |
| Title(s)   | Name of Officers  |                                  | Street Address of Each<br>Officer and/or Director |   | ch                     | City / State / Zip                 |                |  |
| T  | AYOUB, LYLIA  | 14560 GULF BLVD                  |   | LF BLVD   |                        | MADEIRA BEACH FL 33708             |                |  |
| T  | FARID, KARAM  | 17920 GULF BLVD                  |   | LF BLVD, #1507  |                        | REDINGTON SHORES FL 33708          |                |  |
| Ť  | -DAAD, KARAM  |                                  |   | 17920 GULF BLVD, #1507  |                        | -REDINGTON SHORES-FL-33708-        |                |  |
| LENA, Ayoub  |   | 8320 73rd Cover                  |   | PinellAS PARK, FL. 33781  |                        |                                    |                |  |
|  |   |                                  |   | 10  | 1                      |                                    |                |  |
| -  |   |                                  |   | 19/11   | ()                     |                                    |                |  |
| 8. Name and Address of Current Registered Agent          |   |                                  |   |   | 9. Name an             | Id Address of New Registered A     | gent           |  |
| AYOUB, JACK<br>14560 GULF BLVD<br>MADEIRA BEACH FL 33708 |   |                                  | Street Address ( Suite, Apt. #, Etc               |   | per is Not Acceptable) |                                    |                |  |
|  |   |                                  |   | City  |                        | FL                                 | Zip Code       |  |
| 0. I, being  | appointed the registered agent of the ab  | ove named corp                   | poration, am fami                                 | iliar with and accept the c   | obligations of Se      | ection 607.0505, F.S. or 617.0505, | F.S.           |  |
| ignature o   |   | zo osl                           |   | UIRED   |                        |                                    |                |  |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TE.

## BEACH PLAZA APT. MOTEL CONDO ASSOC.

14560 Gulf Blvd. Madeira Beach, Florida 33708

Phone: (727) 319-6393 Fax : (727) 546-9662

October 23, 2002

Dear Sir,

I am writing this letter to inform you that I would like to be re-instated .

For some reason I did not receive the (UBR) notices.

Enclosed you will find a check for the amount of \$61.25 .

Thanking you for your attention to this matter.

Sincerely,

Jack Ayoub

**Registered Agent**