

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 22 PM 4:43

DOCUMENT # N98000000681

1. Corporation Name

MIAMI BEACH ENTERTAINMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

407 LINCOLN ROAD  
SUITE 11B  
MIAMI BEACH FL 33139

407 LINCOLN ROAD  
SUITE 11B  
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~407 LINCOLN RD.~~

~~SAME.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH, FLORIDA

Zip

Country

Zip

Country

33139

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/05/1998

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	POLISAR, STEVEN	407 LINCOLN ROAD	MIAMI BEACH FL 33139
D	BRIER, GREG	407 LINCOLN ROAD	MIAMI BEACH FL 33139
D	GRABER, WOODY	407 LINCOLN ROAD	MIAMI BEACH FL 33139

200003923632--6

-03/28/01--01042--019

\*\*\*\*358.75 \*\*\*\*358.75

APR 3/23

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRABER, WOODY  
407 LINCOLN ROAD  
SUITE 11B  
MIAMI BEACH FL 33139

Name

STEVE POLISAR

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

420 LINCOLN ROAD

Suite, Apt. #, Etc.

602

City

MIAMI BEACH

State

FL

Zip Code

33139

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

3-19-2001

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 #

3-19-2001