

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # N98000001421

1. Corporation Name

GOLDEN BEACH IMPROVEMENT FOUNDATION TRUST, INC.

Principal Place of Business

7480 FAIRWAY DRIVE #206
MIAMI LAKES FL 33014

Mailing Address

7480 FAIRWAY DRIVE #206
MIAMI LAKES FL 33014

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0829238

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CUENCA, JUDY	325 CENTER ISLAND DR.	GOLDEN BEACH FL 33160
D	MELTZER, ODED	122 GOLDEN BEACH DR.	GOLDEN BEACH FL 33160
D	NAHARI, YARAM	200 OCEAN BLVD	GOLDEN BEACH FL 33160
D	CHARNIE, SUZY	5 OCEAN BLVD	GOLDEN BEACH FL 33160
			8000003496748-1 -12/12/00--01035--011 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAVLOV, MARINA
7480 FAIRWAY DRIVE #206
MIAMI LAKES FL 33014

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Marina Pavlov
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/21/00

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:

Marina Pavlov
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/17/2000 305/528 3092

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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