

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

03 JUN -2 AM 9:29

DOCUMENT # P00000017650

1. Corporation Name

SouthBeach Investments, Inc.
4656 SW Honey Terrace

Palm City, FL 34990

2. Principal Office Address

4656 SW Honey Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

4656 SW Honey Terrace

Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Palm City, FL

Zip

34990

Country

US

Zip

34990

Country

US

REINSTATEMENT 01-03

12/13/02 01049 005 #191.25

600020320216

06/02/03--01085--010 **300.00

11/27/02 01070 011 \$558.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

22-3707833

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marc Roberts

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

609 Scrubjay Drive

Suite, Apt. #, Etc.

City

Jupiter

State
FL

Zip Code
33458

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

Date 5/27/2003

REGISTERED AGENT MUST SIGN

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
President	Marc Roberts	609 Scrubjay Drive	Jupiter FL 33458

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/2003 772-781-2644

Date

Daytime Phone #

CR2E081 (10/02)