PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 17 AM 8:00

DOCUMENT # P00000037243

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05/17/04--01069--009 **308.75

1. Corporation Name

Pompei Beach, Inc.

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
2425 Lilikoi Rd.	520 NW 165 St Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 102
City & State	City & State
Haiku, HI	Miami, FL
Zip / Country	Zip / Country
96708 / USA	33169 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/13/00 MPS

5. FEI Number: 65-1014196 ☐ 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: William J. Segal, Esq.

Street Address (P.O. Box Number is Not Acceptable): 20801 Biscayne Blvd.

Suite, Apt. #, Etc.: Suite 304

City: Aventura | State: FL | Zip Code: 33180

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] Date: 5/6/04

REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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
D	Elena Pompei	2425 Lilikoi Rd.	Haiku, HI 96708

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] ELENA POMPEI 5/11/04 898-573-8118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #