

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 14 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000058859**

1. Corporation Name

SOUTH BEACH ATRIUM INC

2. Principal Office Address

6538 COLLINS AVE

Suite, Apt. #, etc.

211

City & State

MIAMI BEACH FLA

Zip

33141

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

700013847917
05/23/03--01060--017 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1024971

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

MICHAEL STERN

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

5774 PINE TREE DRIVE

Suite, Apt. #, Etc.

City

MIAMI BEACH FLA

State
FL

Zip Code

33140

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]

REGISTERED AGENT MUST SIGN

Date **4/21/03**

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 VP ST | ABDALA KALIL | 844 ALTON ROAD MIAMI BEACH FLA 33139 | MB FLA 33139 |
| | MICHAEL STERN | 5774 Pine Tree Dr | MB FLA 33140 |
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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: *X*

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/03

Date

Daytime Phone #

5/14

The Stern Companies Inc.
5774 Pine Tree Drive
Miami Beach Florida 33140

May 13, 2003

To whom it may concern,

Pursuant to my conversation I am enclosing my check in the amount of 300.00 per reinstatement as I never recieved my reinstatement documents.

Thank you

Michael Stern