

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION'
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 15 PM 4:15

DOCUMENT # P00000073949

1. Corporation Name

South Beach Swimwear, Inc.

2. Principal Office Address - No P.O. Box #

1655 N.E. 115 Street

Suite, Apt. #, etc.

7-B

City & State

Miami, Florida

Zip

33181

Country

USA

3. Mailing Office Address

1655 N.E. 115 St

Suite, Apt. #, etc.

7-B

City & State

Miami, FL

Zip

33181

Country

USA

600160670056

09/15/09--01012--006 ***450.00

KS

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

08-03-2000

5. FEI Number

65-1080293

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 D. MATHES

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

1655 N.E. 115 Street

Suite, Apt. #, Etc.

7-B

City

Miami

State

FL

Zip Code

33181

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

8-10-2009

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 |
|--------|--------------------------------------|---|--------------------|
| PRES | Michael Mathes | 1655 N.E. 115 St. #7B | Miami, FL 33181 |
| V.P. | Michael Mathes | 1655 N.E. 115 St. #7B | Miami, FL 33181 |
| Sec. | Michael Mathes | 1655 N.E. 115 St. #7B | Miami, FL 33181 |
| | | | |
| | | | |
| | | | |

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 contained in Chapter 119, 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

Michael Mathes

Date

8-10-2009

Daytime Phone #

305-999-9045