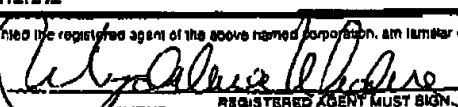
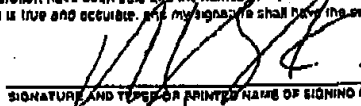


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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC -6 PM 4:00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000080164 1. Corporation Name TEN SOUTH BEACH CORP.			
2. Principal Office Address 1020 N.W. 163 DRIVE Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip 33169	Country MIAMI-DADE	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 08/24/00		5. Fed Number 65-1038710	
6. CERTIFICATE OF STATUS INFLIRED ☐		7. Name and Address of Current Registered Agent Name MAGDALENA MEDINA Street Address (P.O. Box Number is Not Acceptable) 1915 BRICKELL AVENUE Suite, Apt. #, etc. CPH5 City MIAMI	
8. Signature of Registered Agent  REGISTERED AGENT MUST SIGN		Date 12/05/01	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
PRES	HERNANDO GOMEZ	151 S.W. 15 RD. APT. 1402	MIAMI, FL 33129
VP	CEGAR ARIAS	2309 SOUTH CYPRESS BEND DR.	POMPANO BEACH, FL 33069
T	CAMILO MEDINA	1915 BRICKELL AVE. SUIT CPH5	MIAMI, FL 33129
S	MAGDALENA MEDINA	1915 BRICKELL AVE. SUIT CPH5	MIAMI, FL 33129
R.A.	MAGDALENA MEDINA	1915 BRICKELL AVE. SUIT CPH5	MIAMI, FL 33129
10. I certify that I am an officer or director or the receiver of this corporation and am authorized to execute this application as provided for in chapter 607 or 619, 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 619.0401, 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)(ii), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 12/05/01 305-553-8080 DEDICATED PHONE	

REINSTATEMENT

01

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

CORPORATION REINSTATEMENT

TEN SOUTH BEACH CORP.

Certificate of Status	0
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