TOTAL P.02

H01000119342

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.

REINSTATEMENT 01

2. Principal Office Address	3. Mailing Office Address
1020 N.W. 163 DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State
Zip: 33169 / County: MIAMI-DADE	Zip / County

4. Date Incorporated or Qualified To Do Business In Florida: 08/24/00

5. FEI Number: 65-1038710 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ ($ 7.00 Additional Fee required. Issue Certificate of Status)

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 | State: FL | Zip Code: 33129

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: 12/05/01

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	HERNANDO GOMEZ	151 S.W. 15 RD. APT. 1402	MIAMI, FL 33129
VP	CESAR 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 of the receiver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that with 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] 12/05/01 305-553-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P.02 DEC-06-2001 09:22

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000119342 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
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
Certified Copy	0
Page Count	01
Estimated Charge	$750.00