


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2


CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PO00000 82298					
1. Corporation Name BEACH 516 CORP 1348 WASHINGTON AVE STE 125 MIAMI BEACH FL 33139					
2. Principal Office Address 1348 WASHINGTON AVE Suite, Apt. #, etc. STE 125 City & State MIAMI BEACH FL Zip 33139			3. Mailing Office Address STALE Suite, Apt. #, etc. City & State Zip Country		

FILED
Nov 07, 2001 8:00 A.M.
Secretary of State

05/10/01 90128 010 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-1035839	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name MARCELO FAUZE	
Street Address (P.O. Box Number is Not Acceptable) 1857 NW 20 ST	
Suite, Apt. #, Etc.	
City MIAMI	State FL
	Zip Code 33142

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 		Date 11/2/01	
REGISTERED AGENT MUST SIGN			
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
TD	FAUZE MARCELO	1348 WASHINGTON AVE	MIAMI BEACH FL 33139
TD	CAZZO CARLOS	1348 WASHINGTON AVE	MIAMI BEACH FL 33139

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/01

Date

Daytime Phone #

CR2081 (9/00)

2cel2

Beach 516 Corp
1348 Washington Ave, Ste 125
Miami Beach, FL 33139
305-532-7666

November 2, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Beach 516 Corp
P00000082298

Dear Gentlemen:

Enclosed please find an Application for Reinstatement for the above-referenced corporation that was administratively dissolved for failure to file its annual report. We were advised that our original annual report was rejected for failure to provide the FEI Number. We never received this rejection letter. Our annual fee was paid and a copy of the cancelled check is enclosed. We apologize for this oversight and appreciate your cooperation and understanding in this matter.

Should you have any questions, please do not hesitate to call.

Very truly yours,


Marcelo R. R., Director