

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 010 000 117 00

1. Corporation Name

SOUTH BEACH BOUTIQUE INC

2. Principal Office Address

1234 WASHINGTON AVE STE 203

Suite, Apt. #, etc.

203

City & State

MIAMI BEACH FL

Zip

Country

33139

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/31/01

5. FEI Number

02-0558866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

800008808748

11/05/02--01062--014 \*\*150.00

7. Name and Address of Current Registered Agent

Name

GEORGE SAENZ, CPA, P.A.

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

45 S.W. 24th Road  
Miami, Florida 33129

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 10/24/02

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
P. 17	DEREK FONSECA	1234 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

10/24/02

Date

Daytime Phone #

CR2E081 (9/01)

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**South Beach Bartending Inc**  
**1234 Washington Ave Ste 203**  
**Miami Beach Florida 33139**  
**305-535-3110**

October 24, 2002

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

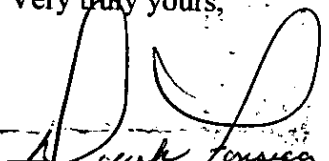
Re: **South Beach Bartending Inc**  
P010.000.117.00

Dear Gentlemen:

Enclosed please find an Application for Reinstatement for the above-referenced corporation that was administratively dissolved for failure to file annual reports and a check for \$150 for reinstatement. The corporation never received the original UBR as it has a new address and we confirmed this with Michele Milligan of your office. 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,



Derek Fonseca, President