

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -5 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 101000036036

1. Corporation Name

La Piaggia, Inc.
1000 South Point Drive
Miami Beach, FL 331

2. Principal Office Address

PASCAL, ROBERT

3. Mailing Office Address

1000 SOUTH POINT DR.

Suite, Apt. #, etc.

1000 SOUTH POINT DR.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

U.S.

Zip

33139

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1091503

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

ESCANES, PIERRE

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

1000 SOUTH POINT DR.

Suite, Apt. #, Etc.

City

MIAMI BEACH, FL 33139

State

FL

Zip Code

33139

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]

Date

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
P	Robert Pascal	1000 South Point Dr. Miami Beach, FL	200039901062 08/05/04--01015--003 **300.00
			200039901062 08/05/04--01015--004 **17.50

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

8/2/2004

Date

305 674-0883

Daytime Phone #

CR2E081 (01/04)



The Ultimate Private Beach Club

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August, 2nd 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference Number: P01000036036

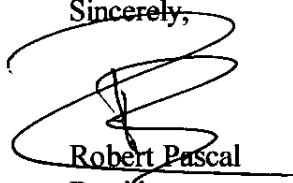
I am sending you this corporation reinstatement for 2003 and 2004, as we never received the annual report usually sent in January.

We changed our mailing address and I guess that why we didn't receive any documentation.

Please find enclosed :

- Chk for \$ 300.00 for 2003 & 2004
- Chk for: \$ 17.50 additional fee for certificate of status for 2003 & 2004.

Sincerely,



Robert Pascal
President