

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUL 13 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PO1 000047603

FIRST BEACH LEASING COMPANY, INC.

2. Principal Office Address - No P.O. Box #

900 W. Linton Blvd

Suite, Apt. #, etc.

Suite 200A

City & State

DELRAY BEACH, FL

Zip

33444

Country

Palm Beach

3. Mailing Office Address

900 W. Linton Blvd

Suite, Apt. #, etc.

Suite 200 A

City & State

Delray Beach, FL

Zip

33444

Country

Palm Beach

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

5/7/2001

5. FEI Number

65-1094572

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

Bruce Elliot Evans

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

190 W. Palmetto Park Road

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

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

7-10-01

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
P	Jay Josephson	900 W. Linton Blvd	Delray Beach, FL 33444
VP	Bruce Elliot evans	190 W. Palmetto Park Rd	Boca Raton, FL 33432

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07/13/07--01003--010 **600.00

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 contained in Chapter 119, 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

7/10/07

Date

561-272-5353

Daytime Phone #

7/11/07