

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 13 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000647603**

1. Corporation Name

First Beach Leasing Company Inc.

2. Principal Office Address

900 W. Linton Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Ste 200A

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip

33444

Country

USA

Zip

Country

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

000012461490
02/13/03--01049--004 **\$00.00

REINSTATEMENT

02-03

7. Name and Address of Current Registered Agent

Name

Bruce Evans, Esq.

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

190 W. Palmetto Park Rd.

Suite, Apt. #, Etc.

City

Boca Raton, FL

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

Bruce Evans

REGISTERED AGENT MUST SIGN

Date **2/6/03**

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	JAY JOSEPHSON	900 W. Linton Blvd.	Delray Beach, FL 33444
V.P.	Bruce Evans	190 W. Palmetto Park Rd.	Boca Raton, FL 33432

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:

Jay Josephson
JAY JOSEPHSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03
Date

561-338-2992
Daytime Phone #

CR2E081 (10/02)

js 2/17