PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| T ELAGE READ ALE INSTRUCTIONS BET ORE SONIT LETING THIS TORM. | |
|---|--|
| CORPORATION REINSTATEMENT DOCUMENT # POIDODOSTUGO 1. Corporation Name Beachwood Investments, Inc. | O3 SEP -2 PM 12: 32 SECRETARY OF STATE TALLAHASSEE. FLORIDA |
| 2. Principal Office Address 6291 Shadow Tree lone: 6291 Shadow Tr Suite, Apt. #, etc. City & State Lake Workh FL Zip Country Zip Country 3. Mailing Office Address City & State Lake Worth City & State Lake Worth Country Zip Country 33463 USA 33463 USA | 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status |
| 7. Name and Address of Current Registered Agent | |
| Name Alan Greenstein Street Address (P.O. Box Number is Not Acceptable) 6291 Shadow Tree Lane 03/04/03-01088-001 **300 00 Suite, Apt. #, Etc. City Lake Worth FL 33463 | |
| 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 8127103 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 Street Addre Officers and/or Directors Officer and/ | |
| P Alan Greenstein 6291 Shadow Tree lone P Alan Greenstein lake Worth, FC 33463 5 an | |
| | |
| 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 Date Daytime Phone # | |

12/1/2

August 27, 2003

BEACHWOOD INVESTMENTS INC. Alan Greenstein 6291 Shadow Tree Lane Lake worth, FL 33463

To: Division of Corporations

Re: Beachwood Investments INC.

Doc No: P01000057499

Please find attached a check for \$300.00 and a completed Corporation Reinstatement Form. Also please note the address change.

I thank you for your time and if you have any further questions please do not hesitate to contact me at (954) 334 3450 ext. 152.

Sincerely,

Alan/Greenstein

President