

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 28 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 01000099010**

1. Corporation Name

BEACH 600 CORP.

2. Principal Office Address

441 POINCIANA ISL DR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SUNNY ISLES, FL

City & State

Zip

33160

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1152750

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200017191922
04/28/03--01069--010 **300.00

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 617.0403, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **4/21/03**

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
P	MARCELLO FAURE	441 POINCIANA ISL DR	SUNNY ISLES FL 33160
D	EDGAR FAURE	441 POINCIANA ISL DR	SUNNY ISLES FL 33160
D	OMAR ALVIZ	WHEELSRIGHT 1547	ROSARIO ARGENTINA 2000
D	FRANCISCO MULLER FERRON	CORDOBA 531 6 ^o	ROSARIO ARGENTINA 2000

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 #

CR2E081 (10/02)

4/25

**Beach 600 Corp.
Beach 735 Corp.
441 Poinciana Island Drive
Sunny Isles, FL 33160**

April 22, 2003

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

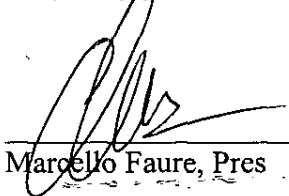
Re: Beach 600 Corp. Document# P01000099010
Beach 735 Corp. Document# P01000098959

Dear Gentlemen:

Enclosed please find two Applications for Reinstatement for the above-referenced corporations that were administratively dissolved for failure to file annual reports. Also enclosed are two checks for \$300 to cover the annual report fee of \$150 for each corporation for 2002 and 2003. With respect to the reinstatement fees I respectfully request that they be waived. The previous annual reports were not received due to a change of address. I 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,



Marcello Faure, Pres