

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAY 25 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000105286

1. Corporation Name

Beachhaven Properties Corporation

05/01/03 91009 049 \$150.00

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address

2100 Ponce de Leon Blvd.

3. Mailing Office Address

same

Suite, Apt. #, etc.

600

Suite, Apt. #, etc.

City & State

Coral Gables

City & State

Zip

33134

Country

USA

Zip

Country

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

10-31-01

5. FEI Number

20-1711090

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

Carlos J. Villanueva, Esq.

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

2100 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

#600

City

Coral Gables

State

FL

Zip Code

33134

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

5-22-06

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/D	Schneider, Isaac	2100 Ponce de Leon Blvd, #600	Coral Gables, Fl. 33134
S	Villanueva, Carlos J.	2100 Ponce de Loen Blvd. #600	Coral Gables, Fl 33134

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

CARLOS J. VILLANUEVA SEC.

5-22-06

Date

Daytime Phone #

305-377-0812