

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702000009453

1. Corporation Name

Beach Resort Development Inc.

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

Zahra Bahrami

Suite, Apt. #, etc.

5405 N. state rd 7

City & State

Fort Lauderdale, Fl.

Zip

33319

Country

Broward.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT (1/07) 03-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

Zahra Bahrami

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

5405 N. state rd 7

Suite, Apt. #, Etc.

Fort Lauderdale, Fl.

City

33319

State

FL

Zip Code

33319

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Zahra Bahrami

Date 5/20/2017

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
VICE PP	JALIL Shiraz.	718 Riedel Dr.	Houston, TX. 77024
From	Abbas Bahrami	5405 N. state rd 7	Fort Lauderdale, Fl.
7/0	Zahra Bahrami	5405 N. state rd 7	Fort Lauderdale, FL 33319 33319

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:

Zahra Bahrami

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/20/2017 (954) 239-5099

Daytime Phone #