

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000051187

1. Corporation Name

BEST BEACH DEVELOPMENT CORP.

Principal Place of Business

7145 COLLINS AVE.
MIAMI BEACH FL 33141

Mailing Address

7145 COLLINS AVE.
MIAMI BEACH FL 33141

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/2002

5. FEI Number

04-3677851

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PSD | PANIZZA, JORGE | 9101 BAY DR. | SURFSIDE FL 33154 |
| TD | TAMPIED, MARCEL | 66 VALENCIA AVE., APT. 102 | CORAL GABLES FL 33134 |
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600024863426
11/19/03--01067--004 **150.00

8. Name and Address of Current Registered Agent

PANIZZA, JORGE
7145 COLLINS AVE.
MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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 #

CR2E040 (7/03)

BEST BEACH DEVELOPMENT CORP.
1150 N.W. 72nd Ave. #555
Miami, Florida, 33126

November 11, 2003

Florida Department of State
P.O. Box 6327
Tallahassee, Florida, 32314

Gentlemen:

Reference is made to your letter dated September 19, 2003 regarding the administrative dissolution of Best Beach Development Corp.

It appears that the original report mailed by your office to 7145 Collins Ave. Miami Beach, Fl. never reached this office since is also the address of other businesses.


This office has now taken over the accounting and tax matters for Best Beach Development Corp. and we want to assure you that this problem shall not happen again. Please notice that we are changing the corporation's mailing address to that of this office.

Because it was not my clients fault, we are respectfully requesting abatement of the penalties imposed and that you accept the check for \$150.00 to reinstate the Corporation.

Thank you for your assistance in this matter.

Very truly yours,

Julian J. Hernandez.


Accountant for Best Beach
Development Corp.