

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 12 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094644

1. Corporation Name

ON THE BEACH ENTERPRISES, INC.

2. Principal Office Address

2823 NE 24th Place

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

Zip

33305

Country

USA

3. Mailing Office Address

2823 NE 24th Place

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

Zip

33305

Country

USA

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified

To Do Business in Florida 08/30/02

5. FEI Number

02-0642611

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

Ed Bestoso

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

2823 NE 24th Place

Suite, Apt. #, Etc.

City

Ft Lauderdale FL 33305

State

FL

Zip Code

33305

100040123151  
08/12/04--01008--001 \*\*\*901.00

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

*Ed Bestoso*

REGISTERED AGENT MUST SIGN

Date

8-7-04

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	Edmund T Bestoso	2823 NE 24th Place #505	Ft Lauderdale, FL 33305
VS	Kelly Regan	20801 Biscayne Blvd	Aventura, FL 33180
T	Thomas Pisano	20801 Biscayne Blvd #505	Aventura FL 33180

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:

*Ed Bestoso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-7-04

Daytime Phone #

954-224-1599

CR2E081 (01/04)