

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 SEP 15 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000101185

1. Corporation Name

FORTUNE SOUTH BEACH REALTY, INC.

2. Principal Office Address

427 WASHINGTON AVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL 33139

Zip

33139

Country

MIAMI DADE

3. Mailing Office Address

260 CRANDON BLVD

Suite, Apt. #, etc.

#25

City & State

KEY BISCAVNE, FL

Zip

33149

Country

MIAMI DADE

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

9/18/02

5. FEI Number

03-0487585

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

CESAR GOMEZ

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

260 CRANDON BLVD

Suite, Apt. #, Etc.

#14

City

KEY BISCAVNE

State  
FL

Zip Code  
33149

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

REGISTERED AGENT MUST SIGN

Date

9/10/04

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
D	DEFORTUNA, EDGARDO	260 CRANDON BLVD #25	KEY BISCAVNE, FL
D	VERNON, THANIA	260 CRADNON BLVD #25	KEY BISCAVNE, FL
D	OHARA, GERALDINE	260 CRANDON BLVD #25	KEY BISCAVNE, FL

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:

GERALDINE OHARA

8-18-04

305-361-3440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)