

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000128221

1. Corporation Name

SOUTH BEACH COYOTES, INC.

Principal Place of Business

90 ALTON ROAD
SUITE 912
MIAMI FL 33139

Mailing Address

90 ALTON ROAD
SUITE 912
MIAMI FL 33139

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

12/05/2002

5. FEI Number

134224361

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
PTD	ROSENDORF, DAVID	1100 WEST AVENUE #1524	MIAMI FL 33139
SD	MOUHIB, HIND	1100 WEST AVENUE #1524	MIAMI FL 33139

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

B. Utrera

Date

10-28-03

REGISTERED AGENT MUST SIGN

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

David Rosenport

Date

10/20/03

Daytime Phone #



REINSTATEMENT 03

FILED

03 NOV 24 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (7/03)

SOUTH BEACH COYOTES, INC

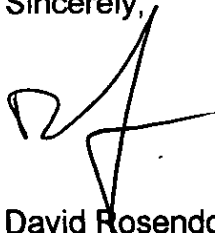
10/28/03

Florida Department of State
Division of Corporations
Tallahassee FL 32314

To Whom It May Concern:

This letter is to notify you that the prior UBR notices were not received. I believe this occurred because of the change in place and the mailing address of the business. Please find the attached application for reinstatement and a check for \$150 dollars.

Sincerely,

A handwritten signature in black ink, appearing to be 'D. Rosendorf', written over the word 'Sincerely,'.

David Rosendorf
Director/President
South Beach Coyotes, Inc.

**90 ALTON ROAD SUITE 912
MIAMI BEACH FL 33139**