

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR -9 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000132785

**1. Corporation Name**

SOUTH BEACH CONDO INVESTMENTS, INC.

**2. Principal Office Address**

2 Alhambra Plaza

Suite, Apt. #, etc.

Suite 1202

City & State

Coral Gables, FL

Zip

33134

Country

USA

**3. Mailing Office Address**

2 Alhambra Plaza

Suite, Apt. #, etc.

Suite 1202

City & State

Coral Gables, FL

Zip

33134

Country

USA

**REINSTATEMENT 03-09**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/18/02

**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

Alhambra Registered Agents, Inc.

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

2 Alhambra Plaza

Suite, Apt. #, Etc.

Suite 1202

City

Coral Gables

State

FL

Zip Code

33134

**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

*Mark Lerner, V.P.*

Date March 8, 2004

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
D, P	Tommaso Berger	100 South Pointe Blvd., #1406	Miami Beach, Florida 33139

**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:**

*Tommaso Berger*

Tommaso Berger March 8, 2004 305-445-3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)