

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 29 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000090890

1. Corporation Name

MIAMI BEACH
CONTRACTORS, INC.

2. Principal Office Address

2402 NE 135th St.

Suite, Apt. #, etc.

City & State

N. Miami, FL

Zip

33181

Country

USA
DADE

3. Mailing Office Address

2402 NE 135th St.

Suite, Apt. #, etc.

City & State

N. Miami, FL

Zip

33181

Country

USA
DADE

REINSTATEMENT 05-00
CR2E081 (12/03)

4. Date Incorporated or Qualified
To Do Business in Florida

2.11.2004

5. FEI Number

41-2113693

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

JASON SIPES

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

2402 NE 135th St.

Suite, Apt. #, Etc.

City

N. Miami

State

FL

Zip Code

33181

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

3.20.06

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
PRES.	JASON SIPES	2402 NE 135th St.	N. Miami, FL 33181

600073714736
05/02/06--01035--024 **300.00

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 contained in Chapter 119, 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

3.20.06

Daytime Phone #

305
986.2004

202

March 20, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Miami Beach Contractors, Inc.

To Whom It May Concern:

Please accept this letter as written request to reinstate the company, Miami Beach Contractors, Inc. of North Miami, Florida.

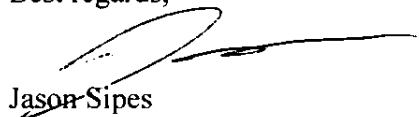
This is a fairly new, small company and has had no correspondence from the State of Florida requesting me to renew the Annual Report. Kindly send all correspondence to the following address:

2402 NE 135th Street
North Miami, FL 33181
Attn: Jason Sipes, President

Enclosed please find a check for the amount of \$ 300.00 to reinstate this company. This includes \$150.00 for the year 2005 and 2006.

Should you have any questions, please feel free to call me at 305.986.2004.

Best regards,



Jason Sipes
President
Miami Beach Contractors, Inc.