

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000030457

FILED
Nov 01, 2005
Secretary of State

Entity Name: BEACH CLUB II-2609-02/04 CORP.

Current Principal Place of Business:

2100 PONCE DE LEON BLVD STE 600
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2100 PONCE DE LEON BLVD STE 600
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-0724293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GURIAN, JORGE
2100 PONCE DE LEON BLVD STE 600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JORGE GURIAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SMIL, TOMY RIVEN
Address: 2100 PONCE DE LEON BLVD STE 600
City-St-Zip: CORAL GABLES, FL 33134

Title: DS () Delete
Name: DAMIANO, VICENTE
Address: 2100 PONCE DE LEON BLVD STE 600
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RIVEN SMIL, TOMY
Address: 2100 PONCE DE LEON BLVD STE 600
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMY RIVEN SMIL

DP

11/01/2005

Electronic Signature of Signing Officer or Director

Date