

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 MAR -5 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300092347143
03/13/07--01014--016 **450.00

REINSTATEMENT

CR2E081 (1/07)

DOCUMENT # P04000114768

1. Corporation Name
THE BEACH CLUB THREE 809-07-04, CORP.

2. Principal Office Address - No P.O. Box # 2600 Douglas Rd.		3. Mailing Office Address 2600 Douglas Rd.	
Suite, Apt. #, etc. Suite 1100		Suite, Apt. #, etc. Suite 1100	
City & State Coral Gables, FL		City & State Coral, Gables, FL	
Zip 33134	Country USA	Zip 33134	Country USA

4. Date Incorporated or Qualified
To Do Business in Florida 08/05/2004

5. FEI Number 20-1415199 ☐ 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
JORGE L GURIAN
Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas RD.
Suite, Apt. #, Etc.
Suite 1100
City
Coral Gables
State
FL
Zip Code
33134

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Jorge L. Gurian Date 03/01/2007
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
PD	JOSE VARGAS	2600 Douglas RD. Suite 1100	Coral Gables, FL 33134
SD	JANETT PERALTA DE VARGAS	2600 Douglas RD. Suite 1100	Coral Gables, FL 33134

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: Jorge Vargas 03/01/07 (305) 279-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/6/07