

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 APR -5 AM 8:26

DOCUMENT # P05000041020

1. Entity Name  
BEACH SHINE GROUP, INC.



Principal Place of Business  
333 74TH STREET  
UNIT #4  
MIAMI BEACH, FL 33141

Mailing Address  
333 74TH STREET  
UNIT #4  
MIAMI BEACH, FL 33141

REINSTATEMENT 06-07



2. Principal Place of Business - No P.O. Box #  
7384 Gary Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
7384 Gary Ave.  
Suite, Apt. #, etc.

03232007 REIN-P CR2E098 (1/07)

City & State  
Miami Beach, FL  
Zip  
33141  
Country  
USA

City & State  
Miami Beach, FL  
Zip  
33141  
Country  
USA

4. FEI Number  
27-0120269

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARRIETA, MANUEL A  
333 74TH STREET  
UNIT #4  
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name  
Manuel A. Arrieta / Olga Arrieta  
Street Address (P.O. Box Number is Not Acceptable)  
7384 Gary Ave.  
City  
Miami Beach FL Zip Code  
33141

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Manuel A. Arrieta [Signature]  
Signature, typed or printed name of registered agent and title if applicable.

03/22/07  
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D ARRIETA, MANUEL A ☐ Delete  
STREET ADDRESS  
333 74TH STREET #4  
CITY-ST-ZIP  
MIAMI BEACH, FL 33141

TITLE  
NAME  
D ARRIETA, OLGA E ☐ Delete  
STREET ADDRESS  
333 74TH STREET #4  
CITY-ST-ZIP  
MIAMI BEACH, FL 33141

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
200097295402  
CITY-ST-ZIP  
04/18/07--01009--003 \*\*308.75

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
200097295402  
CITY-ST-ZIP  
04/18/07--01009--003 \*\*300.00

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Manuel A. Arrieta [Signature] 03/22/07 305-510-8345  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #