

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000079146

1. Corporation Name

THE BEACH CLUB III 2406-05, CORP

2. Principal Office Address - No P.O. Box #

8320 W SUNRISE BLVD

Suite, Apt. #, etc

Suite 202

City & State

PLANTATION, FL

Zip

33322

Country

US

3. Mailing Office Address

8320 W SUNRISE BLVD

Suite, Apt. #, etc.

Suite 202

City & State

PLANTATION, FL

Zip

33322

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 03/01/2005

5. FEI Number

20-2931182

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

LAMADRID FINANCIAL SERVICES

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

8320 W SUNRISE BLVD

Suite, Apt. #, Etc.

Suite 202

City

PLANTATION

State

FL

Zip Code

33322

☒ 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

Alexis Lamadrid

REGISTERED AGENT MUST SIGN

Date 03/23/2010

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
DPS	CESAR RUBIO	8320 W SUNRISE BLVD, STE 202	PLANTATION, FL 33322

REINSTATEMENT

RH

10. E-mail Address: alex@lamadridtax.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Cesar Rubio

CESAR RUBIO

03/23/2010

954 727-9771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #