## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000122369

City-St-Zip:

CORAL SPRINGS, FL 33071

**Entity Name:** BEACHSIDE REALTY HOLDINGS, INC.

**FILED** Sep 26, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1437 S.E. 17TH STREET FT LAUDERDALE, FL 33316 **Current Mailing Address: New Mailing Address:** 1437 S.E. 17TH STREET FT LAUDERDALE, FL 33316 FEI Number: 20-3520798 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MITTELBERG, BARRY S ESQ 1700 UNIVERSITY DR., STE. 110 CORAL SPRINGS, FL 33071 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: BARRY MITTELBERG 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Title: (X) Change ( ) Addition HANDLER, LOU Name: Name: HANDLER, LOUIS 1437 SE 17 ST 1437 SE 17 ST Address: Address: City-St-Zip: FT LAUDERDALE, FL 33316 City-St-Zip: FT LAUDERDALE, FL 33316 Title: VD Title: () Delete () Change () Addition Name: NICOSIA, GIOVANNI Name: 1700 UNIVERSITY DR STE 110 Address: Address: CORAL SPRINGS, FL 33071 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: STD () Change () Addition MITTELBERG, BARRY S Name: Name: 1700 UNIVERSITY DR STE 110 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: LOUIS HANDLER PD 09/26/2007