

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 18 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9000009292

1. Corporation Name

LAS COPAS ON THE BEACH, INC.

2. Principal Office Address

3425 COLLINS AV. MIAMI BEACH  
33140

3. Mailing Office Address

7610 NW 6 CT  
PEMBROKE PINES FL 33024

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

PEMBROKE PINES, FL

Zip

33140

Country

USA

Zip

33024

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/8/93

5. FEI Number

065-62-9616

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

JULIA A. MENDER

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

7610 NW 6 CT

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33024

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

*Julia A. Mender*

REGISTERED AGENT MUST SIGN

Date

2/14/02

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
PRES.	JULIA A. MENDER	7610 NW 6 CT	PEMBROKE PINES FL 33024

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 under section 119.07(3)(i), 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:

*Julia A. Mender*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIA MENDER

PRES.

Date

2/14/02

Daytime Phone #

954 989-4696