

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

03 FEB. 10 PM 1:26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000069229

1. Corporation Name

VERSANI SOUTH BEACH, INC.

100013271461 02/28/03--01045--017 **1200.00

REINSTATEMENT 00-03

2. Principal Office Address

201 11th ST

3. Mailing Office Address

152 MERCER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH

City & State

NEW YORK NY

Zip

Country

33139

US

Zip

Country

10012

US

4. Date Incorporated or Qualified To Do Business in Florida

10/5/93

5. FEI Number

65-0443100

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

5875 Authority to do business in this state

7. Name and Address of Current Registered Agent

Name

ARAFAT A. MANSOUR

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

201 11th ST

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/7/03

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
PH/S	ARAFAT A MANSOUR	304 MULBERRY ST	NEW YORK NY 10012

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03

212-941-9919

Date

Daytime Phone #