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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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-08/16/02--01031--022  
\*\*\*\*900.00 \*\*\*\*900.00

REINSTATEMENT 01-02

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000034904

1. Corporation Name  
**PIER BEACH INTERNATIONAL, INC.**

2. Principal Office Address  
**3509 NW 115 AVE**

3. Mailing Office Address  
**SAME**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

Zip  
**33178**

Country  
**USA**

4. Date Incorporated or Qualified To Do Business in Florida  
**5-9-94**

5. FEI Number  
**650501317**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**WILLIAM NOCERINO JR**

Street Address (P.O. Box Number is Not Acceptable)  
**7811 NW 5 PLACE**

Suite, Apt. #, Etc.

City  
**PLANTATION**

State  
**FL**

Zip Code  
**33324**

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  
*X William L. Nocerino Jr.*

REGISTERED AGENT MUST SIGN

Date  
**8/13/02**

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
D	NOCERINO, WILLIAM JR	7811 NW 5 PLACE	PLANTATION FL 33324

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)(0), 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: *X William L. Nocerino*  
SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR

Date  
**8/13/02**

Daytime Phone #  
**305 593 2531**

CR2501 (8-01)

8/15/02