
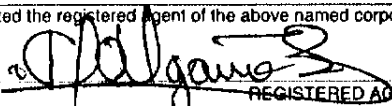
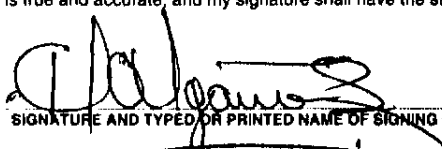


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <span style="font-size: 1.2em;">P94000065451</span>			
1. Corporation Name <span style="font-size: 1.2em;">Florida Beach Sports, INC.</span>			
Principal Place of Business <span style="font-size: 1.2em;">4818 Coronado Pkwy # 522 CAPE CORAL, FL 33904</span>		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <span style="font-size: 1.2em;">9200 S. Dadeland Blvd. Suite, Apt. #, etc. # 825 City &amp; State Miami, FL Zip 33156 Country USA</span>		3. New Mailing Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida <span style="font-size: 1.2em;">1994</span>	
		5. FEI Number <span style="font-size: 1.2em;">65-0514721</span>	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/T	Mariane Algarra	9200 S. Dadeland Blvd. # 825 Miami, FL 33156	Miami, FL 33156
8. Name and Address of Current Registered Agent <span style="font-size: 1.2em;">Joseph L. LANK tree 1250 Arcola Drive Ft. Myers, FL 33919</span>		9. Name and Address of New Registered Agent Name <span style="font-size: 1.2em;">MARIANE ALGARRA</span> Street Address (P.O. Box Number is Not Acceptable) <span style="font-size: 1.2em;">9200 S. Dadeland Blvd</span> Suite, Apt. #, Etc. <span style="font-size: 1.2em;">Suite 825</span> City <span style="font-size: 1.2em;">Miami</span> State <span style="font-size: 1.2em;">FL</span> Zip Code <span style="font-size: 1.2em;">33156</span>	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S. Signature of Registered Agent  Date _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: 		5/1/97 305-738-2906 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

**FILED**

97 MAY -2 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**REINSTATEMENT**

96-9700

300002167273--5

05/06/97 01060 004

\*\*\*\*\*923.75 \*\*\*\*\*923.75

CR2E040 (12/96)