2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 MAR -8 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000057295

1. Entity Name
ATLANTIC BEACH CLUBS THREE, INC.

Principal Place of Business	Mailing Address
3706 NORTH OCEAN BOULEVARD #421 FT. LAUDERDALE, FL 33308	3706 NORTH OCEAN BOULEVARD #421 FT. LAUDERDALE, FL 33308

02242006 REINP CR2E098 (11/05) REINSTATEMENT 05-06

2. Principal Place of Business	3. Mailing Address
ATLANTIC Beach Club	ATLantic Beach Clubs
Suite, Apt. #, etc. # 1201 GALT OCEAN DR #1201	Suite, Apt. #, etc. PO BOX 22684
City & State FT Laud FL	City & State FT Laud FL
Zip / Country 33308 / Broward	Zip / Country 33335 / Broward

4. FEI Number
65-0620229
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ULLMAN, BILL 701 BRICKELL AVENUE SUITE 2680 MIAMI, FL 33131	Name: ULLMAN, Bill Street Address (P.O. Box Number is Not Acceptable): 5120 Ocean Bank Financial Center 200 South Biscayne Blvd City: Miami FL Zip Code: 33131

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRISON, JAMES 3706 NORTH OCEAN BOULEVARD #421 FT. LAUDERDALE, FL 33308 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400067940574 03/16/06--01003--024 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Harrison James ☐ Delete 3708 Galt Ocean Dr #1201 FT Laud FL 33308	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400067940574 03/16/06--01003--025 **750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3/13/13
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 02/24/06 954 658 7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #