

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC -9 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000089700

1. Corporation Name

560 WASHINGTON BEACH CORP.

000003078780--8  
-12/23/99--01007--005  
\*\*\*\*758.75 \*\*\*\*758.75



REINSTATEMENT

09

Principal Place of Business

Mailing Address

560 WASHINGTON AVENUE  
MIAMI BEACH FL 33139

~~070 STREAMLINE PROPERTIES-~~  
~~1125 WASHINGTON AVE-~~  
~~MIAMI BEACH FL 33139~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33139

4. Date Incorporated or Qualified  
To Do Business in Florida

11/22/1995

5. FEI Number

65-0625833

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
VP	AIGUIER, PIERRE	1500 BAY RD., APT 483	MIAMI BEACH FL 33139
DPST	AIGUIER, JACQUELINE	505 CHEMIN DEL' ESCOURG	LA GOLLE SUR LOUP, FRANCE 00400
VP	DONATI, ELIANE	1610 MICHIGAN AVE	MIAMI BEACH FL 33139
VP	AIGUIER, PIERRE	1500 BAY RD, APT 432	MIAMI BEACH FL 33139
DPST	AIGUIER, JACQUELINE	21 RUE EDWARD DALMAS	NICE FR 06100
VP	DONATI, ELIANE	1500 Bay Rd, Apt 432	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KASDIN, NEISEN O  
1420 BRICKELL AVENUE  
6TH FLOOR  
MIAMI BEACH FL 33139

Name

Louis L. LaFontisee, Jr.

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

3121 Commodore Plaza

Suite, Apt. #, Etc.

Suite 301

City

Miami

State

FL

Zip Code

33133

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Louis LaFontisee, Jr.*  
REGISTERED AGENT MUST SIGN

Date December 6, 1999

11. 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:

*Pierre Aiguier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
PIERRE AIGUIER

December 6, 1999  
Date Daytime Phone #

CR2040 (8/99)