

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035286

1. Corporation Name

BEACH PARADISE, INC.

Principal Place of Business

Mailing Address

600 Ocean Drive
Miami Beach, Fl.

Same

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

2. New Principal Office Address, If Applicable

1941 N.W. 169th Ave.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1941 N.W. 169th Ave.

Suite, Apt. #, etc.

City & State

Pembroke Pines, Fl.

City & State

Pembroke Pines, Fl.

Zip

33028

Country

Broward

Zip

33028

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

April 23, 1996

5. FEI Number

☒ 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)	1	Name of Officers and/or Directors	2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	3	City / State / Zip	4
Pres.	Adnan Jamei	1941 N.W. 169th Ave.	Pembroke Pines, Fl. 33028				
Vc.	Sam Lariman	1941 N.W. 169th Ave.	Pembroke Pines, Fl. 33028				
Secty.	Hector Rodriguez	14074 S.W. 91st Terrace	Miami, Florida				
Treas.	Adnan Jamei	1941 N.W. 169th Ave.	Pembroke Pines, Fl. 33028				

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Adnan Jamei

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

1941 N.W. 169th Ave.

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

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

Adnan Jamei

REGISTERED AGENT MUST SIGN

Date

2/19/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(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: X

Adnan Jamei

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/98

Date

Daytime Phone #

FILED

98 MAR -5 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****900.00 *****900.00

REINSTATEMENT 97-98

CR2C040 (12/96)