

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 MAY 10 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000056310

**1. Corporation Name**

LA PLAYA 3030, INC.

**2. Principal Office Address**

3030 Collins Avenue

Suite, Apt. #, etc.

City & State

Miami Bch., FL

Zip

33139

Country

USA

**3. Mailing Office Address**

2180 Alton Road

Suite, Apt. #, etc.

City & State

Miami Bch., FL

Zip

33140

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/03/1996

**5. FEI Number**

65-0682684

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

David Feldman, Esq.

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

407 Lincoln Road, Ste.

Suite, Apt. #, Etc.

Ste. 701

City

Miami Beach

State  
**FL**

Zip Code  
33139

**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

Date 5/09/2002

REGISTERED AGENT MUST SIGN

**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
PD	Assad Zacur	2180 Alton Road	Miami Bch., FL 33140
VTSD	Ibtihaj Zacur	2180 Alton Road	Miami Bch., FL 33140

**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)(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:**

Assad Zacur

5/09/02

305-538-0904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 574847 82474A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : May 10, 2002

ORDER TIME : 11:30 AM

ORDER NO. : 574847-005

CUSTOMER NO: 82474A

CUSTOMER: Ms. Becky Kline  
David Feldman, P.a.  
Suite 701  
407 Lincoln Road  
Miami Beach, FL 33139

RECEIVED  
02 MAY 10 PM 12:20  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: LA PLAYA 3030, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder  
EXAMINER'S INITIALS \_\_\_\_\_