

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000059459

1. Corporation Name

SOUTH BEACH SHUTTLE INC.

600008374476--7

-10/15/02--01047--007

****600.00 ****600.00

2. Principal Office Address

1401 Collins Avenue

3. Mailing Office Address

1401 Collins Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

Zip

33139

Country

USA

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/99

5. FEI Number

65-071774

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Michael Man

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

1401 Collins Avenue

Suite, Apt. #, Etc.

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

OCT 1, 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
PDST	Michael Man	1401 Collins Avenue	Miami Beach, FL 33139

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:

MICHAEL MAN

OCT 1, 2002

(305) 389-9283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2012

**South Beach Shuttle Inc.
1401 Collins Avenue
Miami Beach, FL 33139
(305) 389-9283**

November 19, 2002

**Ms. Michelle Milligan
Corporation Reinstatement
Florida Department of State
P.O.Box 6327
Tallahassee, Florida 32314**

**Subject: South Beach Shuttle Inc.
Ref. Number : P96000059459
Letter Number: 602A00057861**

Dear Michelle,

Following our telephone conversation today, I would like to inform you that the report of 1999 was mailed to the wrong address, there for we were unable to file the corporation.

Please find attached the corporation reinstatement form stating that the \$600.00 was paid, and please find attached a check in the amount of \$8.75 to mail us back the reinstatement current update for 2002.

With Many Thanks,

Sincerely,


**Michael Man
President**