

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000035208			
1. Corporation Name Surfside West Investments, Inc.			
2. Principal Office Address 317 - 71st Street Suite, Apt. #, etc.		3. Mailing Office Address 317 - 71st Street Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33141	Country Miami-Dade	Zip 33141	Country Miami-Dade

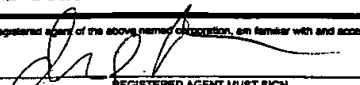
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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida 04/18/1997	
5. FEI Number 65-0822012	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$275 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Joel S. Piotrkowski	
Street Address (P.O. Box Number is Not Acceptable) 317 - 71st Street	
Suite, Apt. #, Etc.	
City Miami Beach	State FL Zip Code 33141

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0006 or 617.0003, F.S.			
Signature of Registered Agent 		Date 12-17-01	
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
DVP	Farbstein, Evelyn	317 - 71st Street	Miami Beach, FL 33141
DP	Lieberman, Aron	317 - 71st Street	Miami Beach, FL 33141
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(5)(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: 		Date 12/17/01 518-465-2450	

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