PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 19 AM 11:14

REINSTATEMENT 00-01

DOCUMENT # P97000035208

1. Corporation Name
Surfside West Investments, Inc.

2. Principal Office Address	3. Mailing Office Address
317 - 71st Street	317 - 71st Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33141 Country: Miami-Dade	Zip: 33141 Country: Miami-Dade

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 ☐ $8.75 Fee required for 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 607.0505 or 617.0303, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 12-17-01

CR2E061 (9/00)

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 3314
DP	Lieberman, Aron	317 - 71st Street	Miami Beach,FL 3314

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: X Evelyn Farbstein 12/17/01 518-465-2450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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****900.00 ****900.00