

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 26 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 998000009137

1. Corporation Name North Beach Inn, Inc.

2. Principal Office Address

2197 N. Ocean Blvd.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33305

Country

USA

3. Mailing Office Address

2197 N. Ocean Blvd.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33305

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/97

5. FEI Number

65-0809292

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

Lawrence D. Schott, Esq.

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

2100 E. Hallandale Beach Blvd

Suite, Apt. #, Etc.

200

City

Hallandale

State

FL

Zip Code

33305

900003247439-8

05/11/00-01009-006

****900.00 ****900.00

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

[Signature]

Date 4/18/00

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
PIS TID	Tomas Rostok	2197 N. Ocean Blvd. Ft. Lauderdale, FL 33307	

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:

Tomas Rostok Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/00 (954) 566-2476

Daytime Phone #

KE

CR2E081 (9/99)