

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P98000092542

2. Principal Office Address

4100 W. Kennedy Blvd.

Suite, Apt. #, etc.

327

City & State

Tampa, FL

Zip

33609

Country

Hillsborough

3. Mailing Office Address

4100 W. Kennedy Blvd.

Suite, Apt. #, etc.

327

City & State

Tampa, FL

Zip

33609

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

29 OCT 1998

5. FEI Number

59-2549995

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

Yamile Haibi, Esq.

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

4100 W. Kennedy Blvd.

Suite, Apt. #, Etc.

327

City

Tampa

State
FL

Zip Code

33609

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]

REGISTERED AGENT MUST SIGN

Date

6 Nov 2002

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
Director	Yamile Haibi	4100 W. Kennedy Blvd. Ste. 327	Tampa FL 33609

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Nov 2002 (813) 289-6232

Date

Daytime Phone #

CR2E081 (9/01)

75/11/19

Yamile Haibi

Attorney At Law
Member Florida & New York Bars

4100 West Kennedy Boulevard
Suite 327
Tampa, Florida 33609

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Email: YamileHaibiEsq@aol.com

November 6, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

VIA U.S. Mail

Re: Belleair Beach Marine, Inc.
Document No.: P98000092542

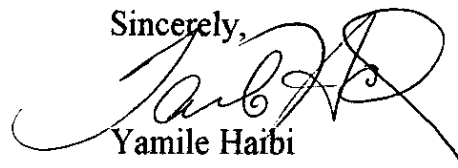
Dear Sir or Madam:

As Director of the above referenced company, I am filing for a reinstatement of the above referenced corporation. Please find enclosed the application for reinstatement of the above referenced corporation. Pursuant to my conversation with Michelle (850-245-6059) in your office, she informed me that the reinstatement fees are \$150.00 and that any penalties will be waived due to the fact that the company never received the prior year's uniform business reports.

A change of address was filed simultaneously with the change of registered agent, but for some reason, the prior year's uniform business reports were never received at the new address. I have indicate the corporation's current address on the form and request that the company information please be updated.

Thank you for your prompt attention to this matter.

Sincerely,



Yamile Haibi
Director
Belleair Beach Marine, Inc.