

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 16 PH 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000038965

1. Corporation Name

ALP OF SOUTH BEACH, INC.

2. Principal Office Address

1111 Lincoln Road

Suite, Apt. #, etc.

Suite 400

City & State

Miami Beach, Florida

Zip

33139

Country

USA

3. Mailing Office Address

119 Seventh Avenue

Suite, Apt. #, etc.

City & State

New York City, New York

Zip

10011

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 29, 1999

5. FEI Number

91-1992710

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

JONATHAN D. BELOFF, ESQ.

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

1111 LINCOLN ROAD.

Suite, Apt. #, Etc.

SUITE-400

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-29-00

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
P/D	Susan Leonard	119- Seventh Avenue	New York City, NY 10011
VP/D	Mark Thomas Amadei	119 Seventh Avenue	New York City, NY 10011
S/T/D	Stacy Pisone	119 Seventh Avenue	New York City, NY 10011

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

[Signature]

1/21/01

Date

212-677-5737

Daytime Phone #