

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 OCT 30 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 02 WPA
Pg 000038965

1. Corporation Name

ALP OF SOUTH BEACH, INC.

2. Principal Office Address

1111 Lincoln Road

3. Mailing Office Address

119 7th Avenue

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

City & State

Miami Beach, FL 33139

City & State

New York NY 10011

Zip

33139

Country

USA

Zip

10011

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/29/99

5. FEI Number

91-1992710

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 #400

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

Jonathan D. Beloff
REGISTERED AGENT MUST SIGN

Date 10/21/02

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/	Susan Leonard	457 FDR Drive, A306	New York NY 10002
VP	Mark Amadei	200 West 15 St, 14A	New York NY 10011
S/T	Stacy Pisone	41 East 19 St., 3	New York NY 10010

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:

Susan Leonard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02
Date

917-207-0376
Daytime Phone #

CR2E081 (9/01)

ALP OF SOUTH BEACH, INC.

*119 Seventh Avenue
New York, New York 10011*

October 21, 2002

Via Fedex

Uniform Business Report
Division of Corporations
Department of Reinstatement
409 East Gaines Street
Tallahassee, Florida 32399
Phone: 850-488-9000

Re: ALP OF SOUTH BEACH, INC. (Ref No. P99000038965)
Application for Reinstatement

To Whom It May Concern:

Enclosed is our Application for Reinstatement of the above referenced corporation, which was administratively dissolved for non-filing of the 2002 Uniform Business Report.

We request that you waive the reinstatement fee, as we never received the 2002 application, which we assume was sent to our New York City address. Accordingly, we have enclosed a check in the amount of \$150.00 for the annual fee.

Sincerely,

ALP OF SOUTH BEACH, INC.

By: 

Susan Leonard, President

Encls.