

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PG9000050051**

1. Corporation Name

SOUTH BEACH REAL ESTATE SERVICES, INC.

2. Principal Office Address

1201 WEST AVE. NO. 4

3. Mailing Office Address

1201 WEST AVE. NO. 4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL.

City & State

MIAMI BEACH, FL.

Zip

33139

Country

U.S.A.

Zip

33139

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

6-9-99

5. FEI Number

65-0929967

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

RAQUEL MATAS

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

4000 INTERNATIONAL PLXKE 100 S.E. 2ND ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33191-9101

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

Raquel Matas

REGISTERED AGENT MUST SIGN

Date

11/8/00

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
Pres.	JOSEPH PALLANT	1201 WEST AVE NO. 4	MIAMI BEACH, FL. 33139

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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:

Joseph L. Pallant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

- Do Not Detach -
SOUTH BEACH REAL ESTATE SERVICES

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VICTORIA C. FEDERICI
Broker Salesperson
Direct # 305-672-4833
Cell # 305-772-6992

JOSEPH L. PALLANT
Lic. Broker
Office # 305-532-7623

Oct. 16, 2000

To Whom it may concern,

I received notice of dissolution of my
Corporation without even receiving a notice to
renew. Please consider a one time fee waiver
of the late fee. I am enclosing \$150⁰⁰/₁₀₀ the
usual fee renewal fee. Please let me
know if my request is granted.

Sincerely,
NCFB