PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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01 JAN 24 PM 3:40

DOCUMENT # P99000051182

1. Corporation Name

CASTLE BEACH CLUB REALTY, INC.

Principal Place of Business	Mailing Address
250 CATALONIA AVE SUITE 505 CORAL GABLES FL 33134	250 CATALONIA AVE SUITE 505 CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1801 Coral Way # 204	1801 Coral Way # 204
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33145 Country: USA	Zip: 33145 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/07/1999

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee Required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GONZALEZ, LEOPOLDO	5445 COLLINS AVE UNIT CU10	MIAMI BEACH FL 33140
SVD	BERKOWITZ, EMILIO	1861 S.W. 19TH STREET	MIAMI FL 33145

8. Name and Address of Current Registered Agent

NAVARRO, RENE PA
250 CATALONIA AVE
SUITE 505
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 1801 Coral Way # 204

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33145

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN

Date: NOV 2 2000

11. 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.

AD

SIGNATURE: [signature] NOV 2 '00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(305) 8605393
Daytime Phone #

H01000010223

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (305)672-0686
Fax Number : (305)672-9110

CORPORATION REINSTATEMENT

CASTLE BEACH CLUB REALTY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00