

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 21 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #**

**1. Corporation Name**

Scoop Shore Club Inc

P99000-086355

**2. Principal Office Address**

532 BROADWAY 10th Fl

Suite, Apt. #, etc.

10th Floor

City & State

New York NY

Zip

10014

Country

USA

**3. Mailing Office Address**

40 EISNER ASSOCIATES

Suite, Apt. #, etc.

City & State

BROOKLYN NY

Zip

11234

Country

USA

**REINSTATEMENT 20-02**

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

November, 2001

**5. FEI Number**

22-3680394

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

UZI BEN ABRAHAM

100005664121--9

Street Address (P.O. Box Number is Nr)

1900-01 COLLINS AVE

-06/03/02--01017--001

\*\*\*\*600.00 \*\*\*\*600.00

Suite, Apt. #, Etc.

100005664121--9

-06/03/02--01017--002

\*\*\*\*450.00 \*\*\*\*450.00

City

MIAMI

State

FL

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

Uzi Ben Abraham President

REGISTERED AGENT MUST SIGN

Date

5/18/02

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

| Titles     | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|------------|--------------------------------------|---|--------------------|
| Pres.      | UZI BEN ABRAHAM                      | 131 WATTS STREET New York NY 10013                | New York N.Y       |
| Vice Pres. | ISAAC BEN ABRAHAM                    | 20 ENGIE STREET                                   | GRESHAM New Jersey |
| Treasurer  | SAMUEL BEN ABRAHAM                   | 375 SOUTH 2ND AVENUE                              | New York NY        |
|            |                                      |   |                    |
|            |                                      |   |                    |
|            |                                      |   |                    |

**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:**

Uzi Ben Abraham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/12/02

Daytime Phone #

212 473-3980

212 925-2266

CR2E081 (9/01)