

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 22 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000094706

1. Corporation Name

Beach Billiards, Inc.

2. Principal Office Address

17100 Collins Ave

3. Mailing Office Address

2121 N. 52nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Hollywood, FL

Zip

33160

Country

USA

Zip

33021

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0963732

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

Ranji Singh

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

33 2121 N. 52nd Avenue

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

REGISTERED AGENT MUST SIGN

Date

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
D	Ranji Singh	2121 N. 52nd St.	Hollywood, FL 33021

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12/07/04--01072--008 **150.00

REINSTATEMENT

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

10/25/04

Date

Daytime Phone #

954472-9141

CR2E081 (01/04)



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www.ledgerplus.com

November 16, 2004

Florida Department of State
Tyrone Scott
409 E. Gaines Street
Tallahassee, FL 32399

Dear Mr. Scott:

Please accept the following UBR and \$150 checks for the following companies:

Shirar Design Services

Beach Billiards

JVC Contractors

These companies did not receive the original UBRs. If there are any questions, please call me at the address and or telephone numbers above.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Franson", with a long horizontal line extending to the right.

Paul Franson, CPA