

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000094706

1. Corporation Name

BEACH BILLIARDS, INC.

W07-48737

2. Principal Office Address - No P.O. Box #
17100 COLLINS AVE.

Suite, Apt. #, etc.
201-204

City & State
MIAMI BEACH FL

Zip
33160

Country
USA

3. Mailing Office Address
2121 N 52ND AVE

Suite, Apt. #, etc.

City & State
HOLLYWOOD FL

Zip
33021

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
650963732

☐ 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
SINGH, RANJI

Street Address (P.O. Box Number is Not Acceptable)
2121 N. 52ND AVENUE

Suite, Apt. #, Etc.

City
HOLLYWOOD

State
FL

Zip Code
33021

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date **09-26-07**

REGISTERED AGENT MUST SIGN

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 AVE	HOLLYWOOD, FL 33021

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 contained in Chapter 119, 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

09-26-07

Date

954-632-7078

Daytime Phone #