

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 13, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P99000110960

1. Corporation Name

SUNBEACH APARTMENTS CORP.

2. Principal Office Address
7860 N.W. 71 STREET

3. Mailing Office Address
7860 N.W. 71 STREET

Suite, Apt. #, etc.
2ND FLOOR

Suite, Apt. #, etc.
2ND FLOOR

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33166 USA

Zip Country
33166 USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 12/27/1999

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

900063607303

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name
JUAN C. ZORRILLA

Street Address (P.O. Box Number is Not Acceptable)
1401 BRICKELL AVENUE

Suite, Apt. #, Etc.
570

City
MIAMI

State Zip Code
FL 33131

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 JANUARY 10, 2006

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
PSD	ROLANDO BARRERO	7860 N.W. 71 STREET	MIAMI, FLORIDA 33166
VTD	JOSEPH BARRERO	7860 N.W. 71 STREET	MIAMI, FLORIDA 33166

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: Rolando Barrero Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/2006

Date

(305) 471-0708
Daytime Phone #



CORPORATION SERVICE COMPANY

242

ACCOUNT NO. : 072100000032
REFERENCE : 809518 7272435
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 1658.75

ORDER DATE : January 12, 2006
ORDER TIME : 3:33 PM
ORDER NO. : 809518-005
CUSTOMER NO: 7272435

DOMESTIC FILINGS

NAME: SUNBEACH APARTMENTS CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jamela Fordyce - Ext# 2936

EXAMINER'S INITIALS _____

RECEIVED
06 JAN 12 PM 4:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA