

OCT. 10. 2007 5:13PM

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NO. 902

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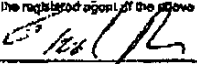
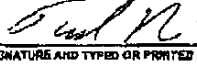
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SeaCrest Investments USA (305) 672-8645

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

OCT 11 AM 11:30

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 526498					
1. Corporation Name Seacrest Apartments of Miami Beach, Inc.					
2. Principal Office Address - No P.O. Box # 100 South Pointe Drive			3. Mailing Office Address		
Suite, Apt. #, etc. Suite 3504			Suite, Apt. #, etc.		
City & State Miami Beach, Florida			City & State		
Zip 33139	Country USA	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida 1/23/1991			5. EIN Number 65-0244811		
6. CERTIFICATE OF STATUS DESIRED ☒			7. Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent					
Name Ted A. Bliss					
Street Address (P.O. Box Number is Not Applicable) 100 South Pointe Drive					
Suite, Apt. #, etc. Suite 3504					
City, State, Zip Miami Beach 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  Date 10/9/07 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PD	Ted A. Bliss	100 South Pointe Drive, Suite 3504		Miami Beach, Florida 33139	
V/T/S/D	Irene F. Bliss	100 South Pointe Drive, Suite 3504		Miami Beach, FL 33139	
REINSTATEMENT					
10. I certify that I am an officer or director or the receiver or trustee empowered to establish 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: 		TED BLISS		10/9/07 305 672-6645	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

SEACREST APARTMENTS OF MIAMI BEACH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

\$300.00

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Corporate Filing Menu

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