Page 1 of 2

SeaCrest Investments USA (305) 672-8642

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 11 AM 11:30

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S26498

1. Corporation Name

Seacrest Apartments of Miami Beach, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
100 South Pointe Drive	
Suite, Apt. #, etc. Suite 3504	Suite, Apt. #, etc.
City & State Miami Beach, Florida	City & State
Zip 33139 Country USA	Zip Country

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business In Florida 1/23/1991

5. FEI Number 65-0244811 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 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 Acceptable): 100 South Pointe Drive

Suite, Apt. #, Etc.: Suite 3504

City: Miami Beach State: FL Zip Code: 33139

☑ 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: [signature] 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 06-07

D 10/11/07

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] TED BLISS 10/9/07 305 672-6645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DKS Page 2

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000252059 3)))

H07000252059ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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~~

$30.00

Electronic Filing Menu Corporate Filing Menu Help