

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F3

APPLICATION
October
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -5 PM 1:40

DOCUMENT # **S78152**

1. Corporation Name

PLAZA BEACH HOTEL CORP.

Principal Place of Business

Mailing Address

666 RUE SHERBROOKE ST W
PH 2300
MONTREAL, QUEBEC, CANADA 56035-7227

666 RUE SHERBROOKE ST W
PH 2300
MONTREAL, QUEBEC, CANADA 56035-7227



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/04/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

98-0119639

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	YUVAL, MIKE	666 RUE SHRBRK ST W 2300	MONTREAL, QUE,CANADA
DT	SOFER, JACK	666 RUE SHRBRK ST W 2300	MONTREAL, QUE,CANADA
			700004724467--1 12/13/01--01041--001 ****61.25 ****61.25
			700004724467--1 -12/13/01--01041--002 ****488.75 ****488.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CROSS, WILLIAM S.
1177 SE 3 AVE
FT-LAUDERDALE FL 33316

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 10/22/01

11. 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

2001 UNIFORM BUSINESS REPORT (UBR)

2 of 3

DOCUMENT # **S78152**

1. Entity Name
PLAZA BEACH HOTEL CORP.

Principal Place of Business 666 RUE SHERBROOKE ST W PH 2300 MONTREAL, QUEBEC, CANADA 56035-7227	Mailing Address 666 RUE SHERBROOKE ST W PH 2300 MONTREAL, QUEBEC, CANADA 56035-7227
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **98-0119639** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CROSS, WILLIAM S.
1177 SE 3 AVE
FT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

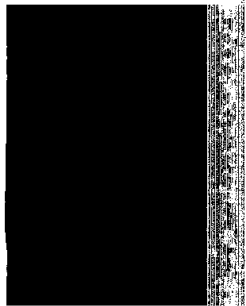
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YUVAL, MIKE 666 RUE SHRBK ST W 2300 MONTREAL, QUE,CANADA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SOFER, JACK 666 RUE SHRBK ST W 2300 MONTREAL, QUE,CANADA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with an officer like empowered.

SIGNATURE: **JACK SOFER** *Jack Sofer* July 9, 2001 (574) 845-6383



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LAW OFFICES
DOUMAR, ALLSWORTH, CURTIS, CROSS, LAYSTROM,
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* ALSO ADMITTED IN MICHIGAN
* BOARD CERTIFIED REAL ESTATE LAWYER
** CERTIFIED CIRCUIT CIVIL AND FAMILY MEDIATOR
† ALSO ADMITTED IN PENNSYLVANIA

JOHN H. ADAIR, III, P.A.

October 25, 2001

WRITER'S DIRECT DIAL: (954) 762-3448

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Annual Report for Plaza Beach Hotel Corp.

Dear Examiner:

Enclosed please find a check, in the amount of \$61.25 for the filing of the enclosed above-referenced Annual Report. Plaza Beach Hotel Corp. had previously sent the Annual Report into the Secretary of State (see copy attached). Apparently, it must have been lost in your office. Therefore, we are asking you to file this annual report again. If you should need anything further or have any questions, please do not hesitate to contact us.

Very truly yours,

Dianne M. Bishop
DIANNE M. BISHOP
Paralegal

DMB/dmb

Enc.

cc: Ian Copnick, Esq. (w/enclosures)