

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 FEB 22 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S78152

1. Corporation Name

PLAZA BEACH HOTEL CORP.

800089718328
03/01/07--01002--003 **1208.75

2. Principal Office Address

666 Sherbrooke W

Suite, Apt. #, etc.

2300

City & State

Montreal Quebec

Zip

H3A 1E7

Country

Canada

3. Mailing Office Address

666 Sherbrooke W

Suite, Apt. #, etc.

2300

City & State

Montreal Quebec

Zip

H3A 1E7

Country

Canada

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

980119639

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

William S. Cross, Esq.

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

1177 S.E. 3rd Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State
FL

Zip Code

33316

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 12/18/2006

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
DP	Mike Yuval	666 Rue Sherbrooke Street West, PH 300	Montreal, Quebec, Canada H3A-1E7
DT	Jack Sofer	666 Rue Sherbrooke Street West, PH 300	Montreal, Quebec, Canada H3A-1E7

B 2/23/07

REINSTATEMENT 04-07

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:

Mike Yuval

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #