

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1998 MAR 24 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**  
FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** M39965  
1. Corporation Name  
**SANS SOUCI OF MIAMI BEACH, INC.** *W90-5428*

Principal Place of Business Mailing Address  
**C/O LILLIAN ERTESCHIK** **SAME**  
**APT 4-C 550 G GRAND ST**  
**NY, NY 10002**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida		10/09/86	
5. FEI Number		Applied For	
59-2756197		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$0.75 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	NEIL ROTHENBERG	C/O LILLIAN ERTESCHIK APT 4-C 550 G GRAND ST NY, NY 10002	300002469853-9 -03/26/98--01107--017 ***1050.00 ***1050.00
VP	MILTON TOWBIN	4200 HILLCREST DR APT 715	HOLLYWOOD, FL 33021

**REINSTATEMENT**

8. Name and Address of Current Registered Agent  
**MILTON TOWBIN**  
**4200 HILLCREST DR**  
**APT 715**  
**HOLLYWOOD, FL 33021**

9. Name and Address of New Registered Agent  
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 *Milton Towbin* Date *3/6/98*  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on Intangible tax.)

12. 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: *Milton Towbin* Date *3/6/98* Daytime Phone # *305-531-8866*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR