

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L19073

1. Corporation Name

S.H. FLORIDA INVESTMENT CORPORATION

FILED
04 SEP 17 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

100 NORTH WILKES BARRE BLVD
WILKES BARRE PA 18702

Mailing Address

100 NORTH WILKES BARRE BLVD
4TH FLOOR
WILKES BARRE PA 18702



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/28/1989

5. FEI Number

52-1647392

Applied For

Not Applicable

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
PD	HOLTZMAN, SEYMOUR	300 S.E. 5TH AVE., 8100A 249 Royal Palm Way, *303JK	BOCA RATON FL Palm Beach FL 33480
SD	SCIANDRA, MARIA	100 N. WILKES BARRE BLVD	WILKES BARRE PA

600041121856
09/17/04 01040 005 **1050.00

REINSTATEMENT 02-04

8. Name and Address of Current Registered Agent

CT-CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

ANN J. WILLIAMS

Assistant Vice President

Signature of Registered Agent

Ann J. Williams

REGISTERED AGENT MUST SIGN

Date

9/13/04

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:

Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/8/04

Daytime Phone #

570 822-6277

CR2E040 (9/02)