

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 30 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

SHAREVIVAL INCORPORATED

doc. num. N03000004669

2. Principal Office Address

4923 1/2 20th Avenue So.

3. Mailing Office Address

4923 1/2 20th Avenue So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulfport, Florida

City & State

Gulfport, Florida

Zip

Country

33705 USA

Zip

Country

33707 USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida

05/22/03

5. FEI Number

83-0359746

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dallas L. Bohrer

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

4923 20th Avenue So.

Suite, Apt. #, Etc.

City

Gulfport

400059018024

08/26/05--01043--005 **236.2

400059018024

08/26/05--01043--006 **61.25

State

Zip Code

FL

33707

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

Dallas L. Bohrer
REGISTERED AGENT MUST SIGN

Date 05 09 05

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
P	Dallas L. Bohrer	4923 20 th Ave S. Gulfport FL 33707	Gulfport FL 33707
VP	Lisa Stillwell	4923 1/2 20 th Ave S	Gulfport FL 33707
T	Michael Stanley	5001 20 th Ave S	Gulfport FL 33707
S	Sulia M. Meadows	5001 20 th Ave S	Gulfport FL 33707

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 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:

Dallas L. Bohrer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/09/05

Date

Daytime Phone #

CR2E081 (01/05)