

2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 10 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000089245

1. Corporation Name

SHAGINA INC

REINSTATEMENT 03

000024563740
11/10/03--01059--008 **150.00

2. Principal Office Address

19941 NE 23 AVE

3. Mailing Office Address

19941 NE 23 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

9/18/2000

City & State

MIAMI-FLORIDA

City & State

MIAMI-FLORIDA

5. FEI Number

65-1047281

Applied For

Not Applicable

Zip

33180

Country

US

Zip

33180

Country

US

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name MARIANOWSKY, JAYIR

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

19941 NE 23 AVE

Suite, Apt. #, Etc.

City

N.M. BEACH

State

FL

Zip Code

33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent

(X)

REGISTERED AGENT MUST SIGN

Date 11/6/03

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	MARIANOWSKY, JAYIR	19941 NE 23 AVE	N.M.B. FL 33180
VP	MARIANOWSKY, BATSHEVA	19941 NE 23 AVE	N.M.B. FL 33180

10. I certify that I am an officer or director or the receiver or trustee appointed 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)(b), 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: (X)

Signature and Typed or Printed Name of Signing Officer or Director

11/6/03

Date

305 432-2727

Display Phone #

CR1801 (1/03)

TR

SHAGINA INC
21010 W DIXIE HIGHWAY
MIAMI, FL 33180

November, 6 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Shagina Inc

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form due a change in the address. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$150.00 for the year 2003.

Thank you very much for you help and understanding.

Sincerely,


Jayir Marianowsky