

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 OCT 23 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000056107

1. Corporation Name

Shamy Trading & Realty

500111195625  
10/23/07--01021--006 \*\*300.00

2. Principal Office Address - No P.O. Box #

45 Fort Payne Isle

Suite, Apt. #, etc.

3. Mailing Office Address

45 Fort Payne Isle

Suite, Apt. #, etc.

City & State

Ft Lauderdale, FL

Zip

33308

Country

USA

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/15/05

5. FEI Number

20-2688381

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

Sean Shamy

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

1717 S Ocean Blvd

Suite, Apt. #, Etc.

18

City

Pompano Beach

State

FL

Zip Code

33062



The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/19/07

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
<u>Pres</u>	<u>Sean Shamy</u>	<u>1717 S Ocean Blvd #18</u>	<u>Pompano Beach, FL</u> <u>33062</u>
	<u>[Signature]</u>		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

10/19/07

Date

9544951208

Daytime Phone #