

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION FOR REINSTATEMENT**



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

FILED

97 DEC 29 AM 10:02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000016318**

1. Corporation Name  
**EASTERN SHORES, INC.**

Principal Place of Business Mailing Address  
**5889 N.W. 36TH STREET MIAMI FL 33166**      **5889 N.W. 36TH STREET MIAMI FL 33166**

000002391340--3  
 -01/06/98--01076--014  
 \*\*\*750.00 \*\*\*750.00

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

2. New Principal Office Address, if Applicable <b>17021 NORTH BAY ROAD - APT # 108</b> Suite, Apt. #, etc. <b>NORTH MIAMI BEACH - FL</b> City & State Zip <b>33160</b> Country <b>USA</b>		3. New Mailing Office Address, if Applicable <b>17021 NORTH BAY ROAD</b> Suite, Apt. #, etc. <b>APT # 108</b> City & State <b>NORTH MIAMI BEACH - FLORIDA</b> Zip <b>33160</b> Country <b>USA</b>		4. Date Incorporated or Qualified To Do Business In Florida <b>02/22/1996</b>	
5. FEI Number <b>65-0695035</b>				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BIANCHI, FRANCO	% 5889 N.W. 36TH ST.	MIAMI FL 33166
VD	BIANCHI, DEYSE	% 5889 N.W. 36TH ST.	MIAMI FL 33166
VD	PEREGRINA, MIRYAM	% 5889 N.W. 36TH ST.	MIAMI FL 33166
SD	PEREGRINA, JORGE	% 5889 N.W. 36TH ST.	MIAMI FL 33166

REINSTATEMENT 1997

A. Alan

8. Name and Address of Current Registered Agent <b>PEREGRINA, JORGE</b> <b>5889 N.W. 36TH STREET</b> <b>MIAMI FL 33166</b>		9. Name and Address of New Registered Agent Name <b>PEREGRINA JORGE</b> Street Address (P.O. Box Number is Not Acceptable) <b>17021 NORTH BAY ROAD - APT 108</b> Suite, Apt. #, Etc. City <b>NORTH MIAMI BEACH</b> State <b>FL</b> Zip Code <b>33160</b>	
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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: *Jorge Peregrina* Date: **12-21-97**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Jorge Peregrina* 12-21-97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/97)