

**CORPORATION
REINSTATEMENT**



1004000023522
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 13 AM 11:42

SECRET OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000089610

1. Corporation Name

SHEDEVER CORPORATION

2. Principal Office Address

232 Andalusia Avenue

3. Mailing Office Address

232 Andalusia Avenue

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

U.S.

Zip

33134

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

9/12/2001

5. FEI Number

65-1136763

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

GALEGO & FUENTES

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

232 ANDALUSIA AVENUE

Suite, Apt. #, Etc.

Suite 202

City

Coral Gables

200038017742

06/16/04--01051--003 **24.3

200038017742

06/16/04--01051--001 **935.40

200038017742

06/16/04--01051--002 **98.25

State

FL

Zip Code

33134

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

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
PD	RICHARD T. ROMER	232 ANDALUSIA AVENUE SUITE 202	CORAL GABLES, FL 33134
SD	LUZ E. ROMER	232 ANDALUSIA AVENUE SUITE 202	CORAL GABLES, FL 33134
D	ESTEBAN ARISTIZABAL	232 ANDALUSIA AVENUE SUITE 202	CORAL GABLES, FL 33134
AS	NORA GALEGO	232 ANDALUSIA AVENUE SUITE 202	CORAL GABLES, FL 33134

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/04

Date

Daytime Phone #