

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

05 AUG 15 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000023793

1. Corporation Name

SHANDELLE REALTY HOLDING, INC.

2. Principal Office Address

5861 S.W. 16 Street

Suite, Apt. #, etc.

3. Mailing Office Address

5861 S.W. 16 Street

Suite, Apt. #, etc.

REINSTATEMENT

03-05

City & State

Plantation, FL 33317

City & State

Plantation, FL 33317

4. Date incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For  
 Not Applicable

Zip  
33317

Country  
USA

Zip  
33317

Country  
USA

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patrick DeJour

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

5861 S.W. 16 Street

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code  
33317

700058604757  
08/15/05--01079--001 \*\*1090.00

Eckel AUG 17 2005

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

REGISTERED AGENT MUST SIGN

Date 8/12/05

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-D	Patrick DeJour	5861 S.W. 16 Street	Plantation, FL 33317

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

8/12/05

Date

Daytime Phone #

954  
817-0570

CR2E081 (01/05)