

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 14 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712259

1. Corporation Name
SHORE PLAZA BUILDING OF TOWN APARTMENTS SOUTH No. 101 JAC

800028275848
02/05/04--01029--011 **61.25

REINSTATEMENT 02.03

2. Principal Office Address
1893 SHORE DRIVE SOUTH

3. Mailing Office Address % LAMONT
250 104 E AVE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 02/15/67

City & State
S. PASADENA FL TREASURE ISLAND FL

5. FEI Number
59-1285579

Applied For
Not Applicable

Zip Country
33707-4752 US 33706-4846 US

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

7. Name and Address of Current Registered Agent

Name
HELEN MIGA

Street Address (P.O. Box Number is Not Acceptable)
1893 SHORE DR. S.

Suite, Apt. #, Etc.
109

City
S. PASADENA

State Zip Code
FL 33707

800028275848
02/05/04 01029 012 **236 25

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 Helen Miga
Date 1-8-04
REGISTERED AGENT MUST SIGN

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	DOTY BAKALA	1893 SHORE DR SOUTH # 204	S. PASADENA FL 33707
TD	HELEN MIGA	1893 SHORE DR SOUTH # 109	S. PASADENA FL 33707
D	HANK WHALEN	1893 SHORE DR SOUTH # 205	S. PASADENA FL 33707

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: Helen Miga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-8-04
Daytime Phone #

CR2E081 (10/02)

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