

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 15 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712259 1. Entity Name SHORE PLAZA BUILDING OF TOWN APARTMENTS SOUTH NO. 101, INC.	
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Principal Place of Business 1893 SHORE DRIVE SOUTH S. PASADENA, FL 33707-4752	Mailing Address 250 140TH AVENUE TREASURE ISLAND, FL 33706-4846
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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02-05-04 01029 012 \$ 236.
02-05-04 01029 011 \$ 61.25

4. FEI Number 59-1285579	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIGA, HELEN 1893 SHORE DR S #109 S PASADENA, FL 33707	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	BAKALA, DOTY	NAME	
STREET ADDRESS	1893 SHORE DR DOUTH 204	STREET ADDRESS	800041904458
CITY-ST-ZIP	S PASADENA, FL 33707	CITY-ST-ZIP	10/15/04--01072--011 **61.25
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	WHALEN, HANK	NAME	
STREET ADDRESS	1893 SHORE DR S 205	STREET ADDRESS	
CITY-ST-ZIP	S. PASADENA, FL 33707	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	TITLE	
NAME	MIGA, HELEN	NAME	
STREET ADDRESS	1893 SHORE DR., SOUTH #109	STREET ADDRESS	
CITY-ST-ZIP	S. PASADENA, FL 33707	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Helen Miga 10-12-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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