



2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 712259 1. Entity Name SHORE PLAZA BUILDING OF TOWN APARTMENTS SOUTH NO. 101, INC.						FILED 07 MAR 02 PM 3: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1893 SHORE DRIVE SOUTH S. PASADENA, FL 33707-4752				Mailing Address 250 140TH AVENUE TREASURE ISLAND, FL 33706-4846			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 250 104 th Avenue		 REINSTATEMENT 06-07 02152007 REIN-111 CR2E099 (4/07)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State Treasure Island, FL					
Zip		Country		4. FEI Number 59-1285579		Applied For <input type="checkbox"/> Not Applicable	
Zip 33706-4846		Country USA		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 <i>Helen Miga</i>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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: <i>Helen Miga</i> 700093764797 03/20/07--01016--010 **122.50 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$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		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKALA, DOTY 1893 SHORE DR DOUTH 204 S. PASADENA, FL 33707 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Carolyn Walthers <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1893 Shore Dr. S 115 So Pasadena, FL 33707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHALEN, HANK 1893 SHORE DR S 205 S. PASADENA, FL 33707 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Edmonds <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1893 Shore Dr. S 217 So. Pasadena, FL 33707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIGA, HELEN 1893 SHORE DR., SOUTH #109 S. PASADENA, FL 33707 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AH Urbanek <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1893 Shore Dr. S. 209 So. Pasadena, FL 33707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sylvia Morkis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1893 Shore Dr. S 214 So. Pasadena, FL 33707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Helen Miga</i> <i>Helen Miga</i> 02/26/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							