PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
	* 10 %		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	07 MAR -2 PH 12: 58	
7.7	- 42	LUKCTARY OF STATE LLAMASSEE, FLORIDA	
DOCUMENT # 7/7590 1. Corporation Name		400091539474 03/07/0701020013 **61.25	
Shorehouse-A conduminium, Inc.		400091539474 03/07/0701020012 **122.00	
W07000006847			
2. Principal Office Address - No P.O. Box # 10034 W. MCN9B RD	3. Mailing Office Address OO31 W. MU4B RD	REINSTATEMENT OF OT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	CH2EU81 (1/07)	
Ott. 8 Ott.	70% 2 000	Date Incorporated or Qualified To Do Business in Florida 1 - 1969	
City & State Tamarac FL	City & State [CMGra(FL	5. FEI Number Applied For Not Applicable	
33321 USA	33321 Country 33321	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of	f Current Registered Agent		
Name BARCAS SACKSON		The reinstatement fee is imposed, except in circumstances which the entity did not receive	
Street Address (P.O. Box Number is Not Acceptable) SH 35 NW 10 CT		the prior notices. By checking this box, you are certifying the prior notices were not	
Suite, Apt. #, Etc.		received and requesting the reinstatement fee be waived.	
City Plantation	State Zip Code FL 33313	iee be waived.	
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 of 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	
sec Gariel Mom	15 5435 NW 10th C	1. # 103 Plantation, FL 33313	
Tres Norcas Jacks			
UP BOUPTY Down	er 5435 NW 10 m CT.	#308 Plantation, FC 33313	
D Joseph Charle	5 5435 NW 10 "CT-	#301 Plantation, FL 33313	
P Byron Frances	5435 NW 101 CT. H	+306 Plantation, FL 33313	
<u>'</u>		,	
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 filling 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 contained in Chapter 119, 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: 2 John SIGNATURE: 1-30-07 954-394-214			

x 3/5