

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2001 JUN -8 PM 4:03

DOCUMENT # F90562

1. Corporation Name

SHIP & SHORE, INC.

2. Principal Office Address

4661 N. FEDERAL HWY

Suite, Apt. #, etc.

A-1

City & State

POMPANO BEACH

Zip

33064

Country

USA

(BROWARD)

3. Mailing Office Address

1030 N.E. 27 WA

Suite, Apt. #, etc.

(House)

City & State

POMPANO BEACH

Zip

33062

Country

USA

REINSTATEMENT

94-01

4. Date Incorporated or Qualified To Do Business in Florida

7-13-82

5. FEI Number

59-231-3742

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JANE P. SANDS

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

1030 N.E. 27 WAY

Suite, Apt. #, Etc.

1

City

POMPANO BEACH

800004425588-5

-06/18/01--01079--025

State

FL

\*\*\*1800.00

33062

\*\*\*1800.00

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

Jane P. Sands

REGISTERED AGENT MUST SIGN

Date June 3-01

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
PRES	PETER J. SANDS	1030 N.E. 27 WAY	POMPANO BEACH FL 33062
SEC	JANE P. SANDS	1030 N.E. 27 WAY	POMPANO BEACH FL 33062

LET 6-18-2001

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)(f), 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:

Jane P. Sands JANE P. SANDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 3-01

Date

Daytime Phone #

954-941-3640

CR2E081 (9/00)