## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name  Whithall & Shan, Inc.  2. Principal Office Address - No P.O. Box # 2/50 NW Miami Ct Sule, Apt. #, etc.  2. Sole, Apt. #, etc.  2. Sole, Apt. #, etc.  2. Sule, Apt. #, etc.  4. Data Incorporated of Qualified To Business in Freeds To Sharper States States To Sharper States States To Sharper States States Sharper States Sharper States Sharper States Sharper Sharper States Sharper Sha		PORATION STATEMENT		DEPARTN ecretary of ION OF COR	of Sta	ite -	Œ		FILED 07 JUL 23 AM 1:41	
2. Principal Office Address - No P.O. Box # 2.150 NW Miami Ct 2.150 NW Miami Ct 3. Mailing Office Address 2.150 NW Miami Ct 3. Supe, Apt. #. etc.  4. Date (noopporated or Qualified 70 Do Business in Principal 3/2/93  CRy & State Miami , FC								SECRLIARY OF STATE TALLAHASSIE, FLORIDA		
2/50 NW Miami Ct Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  City & State Miami, FL Miami, FL Miami, FL  To Business in Florida  1, Date incorporated or Qualified To Do Business in Florida  3/2/93  5, FEI Number 13-2961640  Applied For 13-2961640	Whittall & Shon, Inc.									
City & State  Miami , FL  Miam	2150 NW Miami Ct 2150			NWMiami Ct			-	REI	NSTATEMANDO	
City State    Country   Co	ошю, грт. ж, ото.							4. Date Incorporated or Qualified To Do Business in Florida $-3/2/92$		
Stock April   Stock April   State   Stock April   Stock	· · · · <del>-</del> · · · · · · · · · · · · · · · · · · ·			ui, FL				5. FFI Number Applied For		
Street Address (P.O. Box Number is Not Acceptable) 1000 South Pointe Dr.  Suito, Apt. #, Etc.  City Miami Brach  8. 1, being appointed the registered Agent of the art of numed corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of Registered Agent  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 Officers and/or Directors  Officers and/or Directors  P Eriot Whi Hall  1000 S. Pointe Dr., 1201 Miami Bch, Fr. 35:135  V Richard Shon  1000 S. Pointe Dr., 1201 Miami Bch, Fr. 35:135  10. Learly 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 corporation mass 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 lighted on this application is true emption contained in Chapter 119, F.S. The information indicates on this application is true and accurate, and may signature state layer for an exemption contained in Chapter 119, F.S. The information indicates on this application is true advanced.	Zip	Country	Zip	(	Country		-	6.	\$8.75 Additional For sequired	
Signature of Registered Agent  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  PELIOF Whit Hall  1000 S. Pointe Dr., 1201  Miami Bch, FL 33:135  V Richard Shon  1000 S. Pointe Dr., 1201  Miami Bch, FL 33:135  10:10 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 corporation aname satisfies he requirements of section 607,0401 r. 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals light on this form do no fly for an exemption contained in Chapter 119, F.S. The information indicates on this application is true and accurate, and my signature shall have the same legit of the first management of the corporation in true and accurate, and my signature shall have the same legit of the first management of the corporation in true and accurate, and my signature shall have the same legit of the first management of section 2011.	Name Eust Whittall  Street Address (P.O. Box Number is Not Acceptable)  1000 South Pointe Dr.  Suite, Apt. #, Etc.  1201					circum the pri are ce receiv fee be			stances which the entity did not receive or notices. By checking this box, you rtifying the prior notices were not ed and requesting the reinstatement	
Name of Officers and/or Directors    Parameter   Street Address of Each Officer and/or Director	Signature of Registered Agent									
P Eliof Whitfall  1000 S. Pointe Dr. 1201 Miami Bch, FL 33:139  V Richard Shon  1000 S. Pointe Dr. 1201 Miami Bch, FL 33:139  1000 S. Pointe Dr. 1201 Miami Bch, FL 33:139  1000 S. Pointe Dr. 1201 Miami Bch, FL 33:139  101105564458  07:723:77-01051-007 **2700.00	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
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SIGNATURE:   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dat										