

PLEASE READ ALL INSTRUCTIONS

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L-96157**

1. Corporation Name

SHIMON & SHIMON, INC.

Principal Place of Business

2811 HOLLYWOOD BLVD.  
HOLLYWOOD, FLA. 33020

Mailing Address

2811 HOLLYWOOD BLVD.  
HOLLYWOOD, FLA. 33020

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

JULY 30, 1990

5. FEI Number

65-0251998

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES DIR	DANI SHIMON	3333 OAK LANE	HOLLYWOOD, FLA. 33021
SEC DIR	ILAN SHIMON	3314 OAK DRIVE	HOLLYWOOD, FLA. 33021

600002691796--7  
-11/19/98--01081--013  
\*\*\*\*158.75 \*\*\*\*158.75

TS 11/18/98 ARZ

8. Name and Address of Current Registered Agent

ILAN SHIMON  
3314 OAK DRIVE  
HOLLYWOOD, FLA. 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/12/98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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)(i), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ILAN SHIMON, SECRETARY DIRECTOR

11/12/98 (954) 922-4747

Date

Daytime Phone #

CR20010 (12/98)



PERLESS, ROTH, JONAS & HARTNEY, CPA'S, P.A.  
CERTIFIED PUBLIC ACCOUNTANTS  
8370 W. FLAGLER STREET, SUITE 125  
MIAMI, FLORIDA 33144-2078  
(305) 554-1560 • FAX (305) 553-0115

ROBERT N. PERLESS, C.P.A.  
ROBERT ROTH, C.P.A.  
PETER F. JONAS, C.P.A.  
JOHN C. HARTNEY, C.P.A.

November 12, 1998

Florida Department of State  
Division of Corporations  
Reinstatement Department  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Shimon & Shimon, Inc. - Document # L 96157

Gentlemen:

My client is enclosing a check for \$158.75 to reinstate this corporation and obtain a certificate of status. Due to an address change, annual report forms were never received, although my client notified your department of the address change. As a result your department dissolved this corporation. We thank you in advance, per telephone conversations with your department, for abating the \$600.00 penalty.

Sincerely,

PERLESS, ROTH, JONAS & HARTNEY, CPA's, P.A.

Robert Roth, C.P.A.

RR/dp

Enclosures