PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** ZIM-SHITH **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 02 NOV 19 PM 1:17 DOCUMENT # MO7090 1. Corporation Name SHORELINE EAST Mortgage Corpolation Principal Place of Business 6383 Via Rosa Boca Raton FP 6383 Via Rosa Raton, Ff 33433 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address & Applicable Date Incorporated or Qualified To Do Business in Florida
Oct of 29 3. New Mailing Office Address, If Applicable 17031 Boca Cheb Bha Boca 5. FEI Number Applied For Not Applicable 150<u>ca</u> \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 🔀 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) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip 2 17031 Boca Chel Blod 81B" Boxa Roton FP 33487 Sec <u>300009085633</u> 11/19/02--01081--002 \*\*158.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Nenette Grunberg 17031 Boca Clieb Blid. 21"B" Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Boca Rakin, Ff 33487

10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. State Zip Code Signature of Registered Agent Date \_ //-/9-/2 REGISTERED AGENT MUST SIGN This corporation owes the current year (See other side for information on intangible tax.) Intangible Personal Property Tax due June 30. Yes 🔲 No 🔀 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 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 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.

SIGNING OFFICER OR DIRECTOR

<u>912-023</u>4.

SIGNATURE: Nenette Green Ger (Jewette SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

## NENETTE GRUNBERG

17031 BOCA CLUB BOULEVARD # 81B BOCA RATON, FLORIDA, 33487-1229 TEL: 561-912-0238 FAX: 561-998-0591

Department of State Division of Corporations 409 East Gaines St Tallahassee, FI 32399

Dear Sir/Madam

I am presenting to you these formsfor Reinstatement of the attached two corporations since I never received the documentation for filing for the year 2002 on either one of these two corporations.

I appreciate and thank you for the help I received on the phone and I appreciate your consideration in this matter .

Enclosed are the two applications and the two checks in the amount of \$158.75 for each.

Thank you again

Sincerely

Nenette Grunberg

President of Shoreline East Mortgage Corporation

Sec/Treas. For Dafa Trust & Holdings, Inc.