

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB -2 PM 4:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *N02186*

1. Corporation Name

SHORES NEIGHBORHOOD WATCH, INC.

500088229215
02/13/07--01013--022 **245.00

CR2E081 (12/05)

2. Principal Office Address

315 WEST AVE

Suite, Apt. #, etc.

City & State

BONITA SPRINGS

Zip

34134

Country

COLLIER

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

FL 34134

Zip

same

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/26/1984

5. FEI Number

650026775

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL B. McHERSON

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

174 3RD ST.

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State

FL

Zip Code

34134

REINSTATEMENT

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

Michael B McPherson

Date *1-16-07*

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
PRES	<i>MICHAEL B. McHERSON</i>	<i>174 3RD ST.</i>	<i>BONITA SPRINGS FL 34134</i>
TREAS	<i>NANCY J. McHERSON</i>	<i>174 3RD ST.</i>	<i>BONITA SPRINGS FL 34134</i>
DIRECTOR	<i>WILLIAM ALMEIDA</i>	<i>119 4th ST.</i>	<i>BONITA SPRINGS, FL 34134</i>
DIRECTOR	<i>BOB SCHWARTZ</i>	<i>88 9th ST</i>	<i>BONITA SPRINGS, FL 34134</i>
DIRECTOR	<i>MATT O'LEARY</i>	<i>166 3RD ST</i>	<i>BONITA SPRINGS, FL 34134</i>

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 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:

NANCY J. McPherson
Nancy J. McPherson

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-07

Date

239-992-8220

Daytime Phone #

~~Shores~~ Shores Neighborhood Watch Inc.

315 West Ave., Bonita Springs, Florida ~~33973~~ 34134
239 (813) 992-8888

January 15, 2007

Florida Dept. of State
Corporation Reinstatement:

Attached is an Application for Reinstatement
for our non-profit organization last filed
in February 2003.

Because an annual notice was not received
in 2004, we ask that the reinstatement fee
be waived.

Enclosed is a cashier's check in the amount
of \$245.00 for 2004, 2005, 2006, and 2007.

(4 years at \$61.25 = \$245.00)

Thank you,

Nancy J. McPherson
NANCY J. McPHERSON
TREASURER