

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101127

1. Corporation Name

SOUTH FLORIDA SHAVINGS, INC.

Principal Place of Business

10191 LATANA ROAD
LAKE WORTH FL 10191

Mailing Address

10191 LATANA ROAD
LAKE WORTH FL 10191

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	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/26/2000
City & State	City & State	5. FEI Number
Zip	Country	65-1052239
	Zip	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
	Country	\$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)

Title(s)	2	3	4
D	FRISHMAN, HILLEL	3410 EMERALD POINT DR	HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent

LEVY, STEVEN
2525 N STATE ROAD 7, #115
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name HILLEL FRISHMAN
Street Address (P.O. Box Number is Not Acceptable)
3410 EMERALD Point DR
Suite, Apt. #, Etc.
City Hollywood State FL Zip Code 33021

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. or 617.0505, F.S.

Signature of
Registered Agent

Hillel Frishman
REGISTERED AGENT MUST SIGN

Date

11. 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:

Hillel Frishman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #