

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 NOV 29 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000000992**

1. Corporation Name

SHADOW RIDGE HOLDINGS, INC.

19495 Biscayne Boulevard

19495 Biscayne Boulevard

Suite 705

Suite 705

Aventura, FL

Aventura, FL

33180

Miami Dade

33180

Miami Dade

4. Date Incorporated or Qual To Do Business in Florida **01/03/2001**

5. **651082131**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

11/17/06 01034 010
CR2E081 (12/05) \$1,208.75

7. Name and Address of Current Registered Agent

Brian Goldenberg, 19495 Biscayne Boulevard, Suite 705, Aventura, FL 33180

State
FL

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

REGISTERED AGENT MUST SIGN

Date

11/16/06

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
D	Brian Goldenberg	19495 Biscayne Blvd, Suite 705	Aventura, FL 33180

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:

Brian Goldenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/06

Date

305-937-0116

Daytime Phone #

2/2

SHADOW RIDGE HOLDINGS OF FLORIDA, INC.
c/o Gerstle, Rosen & Goldenberg, P.A.
Certified Public Accountants
14945 Biscayne Blvd., Suite 705
Aventura, Florida 33180

November 27, 2006

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
ATTN: Amendment Sections

Re: SHADOW RIDGE HOLDINGS OF FLORIDA, INC.

Gentlemen:

We had previously sent reinstatement documents for SHADOW RIDGE HOLDINGS, INC. and checks totaling \$ 1208.75. You had told us that the name of the listed entity was no longer available and that an amendment changing the name of the entity needed to be filed. A copy of that letter is attached.

The only change is to change the name of the company to SHADOW RIDGE HOLDINGS OF ~~FLORIDA~~, INC.
MIAMI

Enclosed is a check for the amendment filing fee of \$35.00.

Please complete the reinstatement of the corporation under the new name.

Sincerely,



Brian K. Goldenberg,
Receiver

Attachments