

02/03  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB 13 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 001000015442

1. Corporation Name

SHORELINE DEVELOPMENT CORP I

800012459458  
02/13/03--01032--017 \*\*300.00

2. Principal Office Address

345 BEVILLE ROAD

Suite, Apt. #, etc.

103

City & State

DAYTONA BEACH, FLORIDA

Zip

32119

Country

U.S.A.

3. Mailing Office Address

345 BEVILLE ROAD

Suite, Apt. #, etc.

103

City & State

DAYTONA BEACH, FLORIDA

Zip

32119

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/09/01

5. FEI Number

59-3697125

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES J. MURPHY

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

345 BEVILLE ROAD

Suite, Apt. #, Etc.

103

City

DAYTONA BEACH

State

FL

Zip Code

32119

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 02/07/2003

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	JAMES J. MURPHY	345 BEVILLE ROAD, SUITE 103	DAYTONA BEACH, FL 32119

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/03  
Date

Daytime Phone #

CR2001 (10/02)

2/2/17

# RITTER, RITTER & ZARETSKY

Attorneys and Counselors at Law

John H. Ritter (1913-1979)

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February 12, 2003

## VIA FEDERAL EXPRESS

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Shoreline Development Corp. I

To Whom It May Concern:

Please be advised that this firm represents the referenced Corporation and in that capacity we are authorized to provide you with the following:

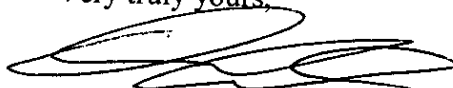
This letter shall serve as formal notice that the above referenced corporation has not received the Annual Report required for filing. As a result the that lack of receipt the status of the corporation has become inactive.

As per my conversation with your office, please find the enclosed check in the amount of \$300.00 representing the required fee to reinstate the corporation along with the fully executed corporate reinstatement form.

Thank you for your cooperation and prompt attention to this matter.

Should you have any questions please feel free to contact me. Thank you.

Very truly yours,



Oren Lieber, Esquire

OL/he  
cc: Client