

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 NOV 18 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000046032

1. Corporation Name

WAYNE SHORTER, INC.

2. Principal Office Address

3370 N.E. 190TH ST.

Suite, Apt. #, etc.

2713

City & State

AVENTURA, FL

Zip

33180

Country

U.S.

3. Mailing Office Address

20501 VENTURA BLVD.

Suite, Apt. #, etc.

325

City & State

WOODLAND HILLS, CA

Zip

91364

Country

U.S.

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

5/1/2001

5. FEI Number

65-1103309

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

WAYNE SHORTER

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

3370 N.E. 190TH ST.

Suite, Apt. #, Etc.

2713THRU, FL

City

AVENTURA

State

FL

Zip Code

33180

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

Date

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	WAYNE SHORTER	3370 NE. 190TH ST. #2713	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 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:

Wayne Shorter

WAYNE SHORTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/03

Date

305-933-4926

Daytime Phone #

CR2E081 (10/02)

WAYNE SHORTER, INC.
C/O EICHENBAUM, COMER & RATYNETS
20501 VENTURA BLVD. #325
WOODLAND HILLS, CA 91364
(818) 713-8100

October 15, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #P01000046032

To whom it may concern:

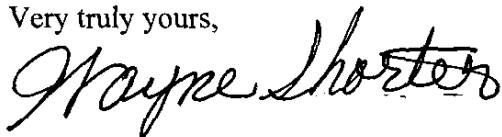
I have enclosed a corporation reinstatement form for the above document number. I have also enclosed a check in the amount of \$150.00.

I did not receive either notice to file the annual report/uniform business report form. I have recently terminated my accountant and I was unaware of my obligation to complete and file this form.

I hereby request that you abate the penalties and late fees due to the fact that I did not willfully neglect to file these forms.

Thank you for your assistance in this matter.

Very truly yours,

A handwritten signature in cursive script that reads "Wayne Shorter".

Wayne Shorter
President