

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 26 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000057178

1. Corporation Name

SHORELINE OF THE BAHAMAS, INC.

REINSTATEMENT

04-06

2. Principal Office Address

161 SEGOVIA WAY

Suite, Apt. #, etc.

3. Mailing Office Address

161 SEGOVIA WAY

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33458

Country

USA

Zip

33458

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/01

5. FEL Number

65-1116230

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

STEVEN K. JERVIS

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

161 SEGOVIA WAY

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

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

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
PD	JERVIS, STEVEN K.	161 SEGOVIA WAY	JUPITER, FL 33458

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. K. JERVIS

3.28.06

Date

561-630-9001

Daytime Phone #

Shoreline of The Bahamas
161 Segovia Way
Jupiter, Florida. 33458

28th March 2006

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

Dear Sir

Would you please be aware that we did not receive the annual report notices. We therefore enclose a check for \$450 for the reinstatement of the company, Shoreline of the Bahamas, Inc and the appropriate corporation reinstatement form.

Thank you for your assistance in this matter.

Yours faithfully

A handwritten signature in black ink, appearing to be 'S.K. Jervis', written over the printed name.

S.K. Jervis
President