

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 14 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000058598

1. Corporation Name

PARK LANE SHOWERS, INC.

2. Principal Office Address

3440 Emerald Pointe DR

Suite, Apt. #, etc.

304-A

City & State

Hollywood FL

Zip

33021

Country

USA

3. Mailing Office Address

3440 Emerald Pointe DR

Suite, Apt. #, etc.

304-A

City & State

Hollywood FL

Zip

33021

Country

USA

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

06/13/2001

5. FEI Number

65-1112310

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

500057477255

07/14/05--01063--007 **450.00

7. Name and Address of Current Registered Agent

Name

LAWRENCE SIMMONS

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

Emerald Pointe DR

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code
33021

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
PSTD	SIMMONS, LAWRENCE P	3440 Emerald Pointe DR, # 304-A	Hollywood FL 33021

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

7/12/05

Date

786 556 2381

Daytime Phone #

CR2E081 (01/05)

AICPA MEMBER

Tax & Accounting Office of

NHSCPA MEMBER

ALAN N. RAZLA, PA.

(954) 983 - 9394 Tel

(954) 983 - 6799 Fax

E-mail: cpadirect@bellsouth.net

Florida Office:

ALAN N. RAZLA, PA
3218 Stirling Road
Hollywood, Florida
33021

NH Office:

ALAN N. RAZLA, CPA
Certified Public Accountant
26 South Main St. Suite 521
Concord, NH 03301

B"H

July 7, 2005

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

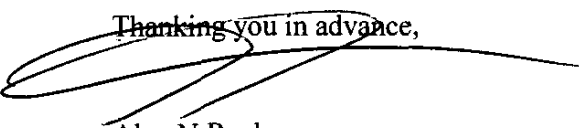
RE: Park Lane Showers, Inc.
FEIN: 65-1112310

Dear Sir or Madam,

We are hereby enclosing the Corporation Reinstatement application for Park Lane Showers, Inc. together with a check in the amount of \$450 for the uniform business reports of the years 2003, 2004, and 2005. Please be advised that neither our office nor our client's office or the registered agents received the preprinted annual report card in the mail. In fact, this report was prepared by our office on behalf of the client based on information derived from the internet website. After we were notified by our bank that the corporation was dissolved, we checked with our client's attorney, and he had no record of receiving anything in the mail.

Due to the above mentioned circumstances, we are asking you to accept this application and to waive the late penalty.

Thanking you in advance,



Alan N Razla
Alan N Razla PA