

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 27 AM 10:56

DOCUMENT # **PO1600089634**

1. Corporation Name

Shimko Properties, Inc.

2. Principal Office Address

2011 Harding Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33020

Country

USA

3. Mailing Office Address

2011 Harding Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33020

Country

USA

200074343412
05/10/06--01026--021 ***450.00

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9/12/2001

5. FFL Number

65-1137269

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

Gary Shimko

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

1239 Funston Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **April 24, 2006**

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
P/D	Gary N. Shimko	1239 Funston Street	Hollywood, FL 33019

REINSTATEMENT

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

4/24/06

Date

954-922-5630

Daytime Phone #