

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 2004 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **P01000089952**

1. Corporation Name  
**S. SHOWMAN ENTERPRISES, INC**

2. Principal Office Address  
**6913 Rue Vendome**

3. Mailing Office Address  
**7465 NORTH WEST 7TH AVE**

Suite, Apt. #, etc.  
**Suite # 3**

Suite, Apt. #, etc.  
**Miami, FL**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip Country  
**33141 Dade**

Zip Country  
**33151 Dade**

**REINSTATEMENT 03/04**

4. Date Incorporated or Qualified To Do Business in Florida  
**September 12, 2001**

5. FEI Number  
**65-1136493**

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  
**SHOWMAN SHERIF**

Street Address (P.O. Box Number is Not Acceptable)  
**6913 Rue Vendome Suite # 3**

Suite, Apt. #, Etc.  
**#3**

**500035557245**

**05/05/04--01021--029 \*\*900.00**

City  
**Miami**

State  
**FL**

Zip Code  
**33141**

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]**

Date **04-28-04**

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
President	SHOWMAN SHERIF	6913 Rue Vendome #3	Miami FL 33141

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)(l), 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]**

**SHOWMAN SHERIF**

**04-28-04**

**305-219-4420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)