PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -5 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000048728**

1. Corporation Name

SHIFRIN HEALTHCARE, INCORPORATED

Principal Place of Business	Mailing Address
777 EAST ATLANTIC AVE., #178 DELRAY BEACH FL 33483	777 EAST ATLANTIC AVE., #178 DELRAY BEACH FL 33483

09/05/03 90112 150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/29/2002

5. FEI Number: 22-328-6055 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Steven Miles Shifrin	777 East Atlantic Ave #178	Delray Beach, FL 33483

REINSTATEMENT 03 TS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SHIFRIN, STEVEN M 777 EAST ATLANTIC AVE., #178 DELRAY BEACH FL 33483	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent _____ Date 12-4-03
REGISTERED AGENT MUST SIGN

11. 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.

561-376-7640

SIGNATURE: _____ 12-4-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12-4-03

Document # P02000048728

Attention: Tyronne Scott

Dear Tyronne,

I spoke with your office on 12-4-03. I was told to write for re-instatement and to ask that all penalty or late fees be waived. I had sent the corrected ANNUAL report/uniform business report form back to your office, but I never received a response. It may have gotten lost somewhere. The check that I sent was cashed on september 5, 2003 by the department of state.

Thank You for helping me with this situation.

Thank You

Sincerely,

Steven Miles Shiffrin
President