

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND  
FILED

1072

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 JUL 21 PM 5:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

NEW SHORES CORP. (P02000058801)

700077953817  
07/25/06--01041--002 \*\*600.00

**2. Principal Office Address**

9440 SW 103rd Street

**3. Mailing Office Address**

9440 SW 103rd Street

**REINSTATEMENT**

03-06 JSC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33176

Country

USA

Zip

33176

Country

USA

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

05/29/2002

**5. FEI Number**

74-3046020

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

Corporate Creations Network Inc.

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

11380 Prosperity Farms Road

Suite, Apt. #, Etc.

#221E

City

Palm Beach Gardens

State

FL

Zip Code

33410

**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

*Norman A Pasquier*

**Norman A Pasquier**

**Assistant VP**

Date **7/20/2006**

REGISTERED AGENT MUST SIGN

**Corporate Creations**

**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
D	William A. Herrera	9440 SW 103rd Street	Miami, Florida 33176
P	William A. Herrera	9440 SW 103rd Street	Miami, Florida 33176

**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:**

*William A. Herrera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/20/2006

800-672-9110

Daytime Phone #

202

Florida Department of State  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: New Shores Corp.


Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 600 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003, 2004, 2005, 2006

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By:   
by N. Pasquier as attorney-in-fact for:

Name: William A. Herrera  
Title: Director & President

Date: 7-20-06