

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 OCT 21 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000077351

**1. Corporation Name**

Shannon M. Houk, PA

**2. Principal Office Address**

3911 SW 185th Ave

Suite, Apt. #, etc.

**3. Mailing Office Address**

3911 SW 185th Ave

Suite, Apt. #, etc.

**City & State**

Miramar, FL

**Zip**

33029

**Country**

USA

**City & State**

Miramar

**Zip**

33029

**Country**

USA

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

7/16/2002

**5. FEI Number**

01-0731825

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

01-0731825

**7. Name and Address of Current Registered Agent**

**Name**

Shannon Houk

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

3911 SW 185th Avenue

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

**City**

Miramar

**State**

FL

**Zip Code**

33029

**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

X [Signature]

REGISTERED AGENT MUST SIGN

Date

10/6/04

**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
<u>PTSD</u>	<u>Shannon Houk</u>	<u>3911 SW 185th Ave</u>	<u>Miramar, FL 33029</u>

**REINSTATEMENT 04**

300042441599  
11/03/04--01048--007 \*\*150.00

**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:**

X [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/04  
Date

954-472-9144  
Daytime Phone #

CR2E081 (01/04)

October 18, 2004

Florida Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Dear Mr. Scott:

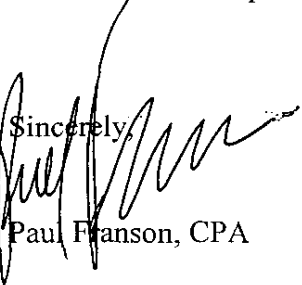
My name is Paul Franson and I am the accountant for the following companies. The owner of these businesses did not receive the 2004 UBR. We would respectfully request that the penalties be abated. Please find a reinstatement for 2004 and a check for \$150.

Lane Houk, PA

Shannon Houk, PA

Mr. Sulaman Enterprise, Inc.

Sincerely,



Paul Franson, CPA