

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC 17 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000103039**

1. Corporation Name

SHOSHONA HOLDINGS, INCORPORATED

Principal Place of Business

Mailing Address

**4613 N UNIVERSITY DR #242
CORAL SPRINGS FL 33067**

**4613 N UNIVERSITY DR #242
CORAL SPRINGS FL 33067**

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

09/24/2002

5. FEI Number

55-0814523

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
D	MINDE, JEFFREY H	4613 N UNIVERSITY DR #242	CORAL SPRINGS FL 33067
D	TUCKER, KENNETH S	4613 N UNIVERSITY DR #242	CORAL SPRINGS FL 33067

400025562864

12/17/03--01065--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MINDE, JEFFREY H ESQ.
4613 N UNIVERSITY DR #242
CORAL SPRINGS FL 33067**

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

REGISTERED AGENT MUST SIGN

Date **12/10/03**

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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/03
Date

984-345-6465
Daytime Phone #

Shoshona Holdings, Incorporated

**4613 North University Drive # 242
Coral Springs Florida 33067
Telephone and Facsimile 954-345-6465**

December 10, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Reinstatement of Shoshona Holdings, Inc. and Waiver of Reinstatement Fee

Dear Specialist:

On October 10, 2003, we received the enclosed Application For Reinstatement of Shoshona Holdings, Inc. Shoshona Holdings, Inc. was incorporated on September 24, 2002.

We are asking for a Waiver of the \$600.00 Reinstatement Fee for the reason that the Uniform Business Report for this corporation was never received by our office.

In accordance with the instructions given us by your office we have enclosed the regular timely annual fee of \$150.00, and trust that this matter is hereby resolved.

Very truly yours,



Jeffrey H. Minde
President

Shoshona Holdings, Inc.