PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT		FLORIDA DEPAR Secretar	TMENT OF STATE y of State corporations		03 OCT 14	YED.	
DOCUMENT # D-02000/092/2 1. Corporation Name Florida Shore line Realty Corporation					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
3/9/ Suite, Apt. # /00 City & State	SAMI, F	7	3. Mailing Office Address 3/9/COTH Suite Apt. #, etc. /005 City & State M. TAM/, Zip 33/45	1/404	4. Date incorp To Do Busin 5. FEI Number	STATE orated or Qualified ness in Florida 3 76 2 32 OF STATUS DESIRED	10/9/07 84 App Not \$8.75 Additional P	
7. Name and Address of Current Registered Agent								
Name								
8. I, being Signature of Registered	•	(1)	named corporation, am t	amillar with and accept the of	bligations of sectio	Date	3, F.S.	CR2E081 (10/02)
9. Names	and Street Addresses of E	ach Officer and/o	r Director (Florida nonpro	ofit corporations must list at le	ast 3 directors)			
Titles	Name of Officers and/or Directors		,	Street Address of Each Officer and/or Director		City / State / Zip		
Δ	Samuel Beigar		3/9/	3191 Coral hay, #1005		MIAMI F	-1 331	45
Δ	Lili Pujol		i	3191 Coralhay #1005		(
Δ	Susan Gru	eninge		Cora/ hay			-1 33/	45-
۵	Janet Di	42-Puj	a /	Coral Way	*	<u>.</u> , _	<u> </u>	145
0	Joe 6. 1	Pujo/	3/9/		ſ	•		
D	Orlando A	od igue	2 3/91	Caral Way	. —		FL 331	45
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 activated and only signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Description 107.0401 or 617.0401, F.S., That all fees over a company of the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., That all fees over a company of 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 activated and only signature shall have the same legal effect as if made under oath.								
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