

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 NOV 28 9:59

DOCUMENT # P03000015812

1. Corporation Name

SHAYA, INC.

2. Principal Office Address

751 Park of Commerce Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 128

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33487

Country

USA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida May 2003

5. FEI Number

32-0077766

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

Nancy Colman, c/o Baritz & Colman, LLP

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

150 East Palmetto Park Road

Suite, Apt. #, Etc.

Suite 750

City

Boca Raton

State

FL

Zip Code

33432

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

*Nancy B. Colman*

REGISTERED AGENT MUST SIGN

Date

11/21/06

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
Pres	Shelly Himmelrich	751 Park of Commerce Drive	Boca Raton, FL 33487-3623
VP	Jack H. Pechter	751 Park of Commerce Drive	Boca Raton, FL 33487-3623
STD	David Loring	751 Park of Commerce Drive	Boca Raton, FL 33487-3623

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 contained in Chapter 119, 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:

*Jack Pechter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Pechter, V.P.

Date

11/21/06

Daytime Phone #

561-984-7770

X219

B. Mitchell NOV 28 2006