


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000037215		
1. Entity Name SHELTER IMPROVEMENT GROUP INC		

FILED
06 SEP 27 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9050 NW 28TH ST #129 CORAL SPRINGS, FL 33065	Mailing Address 9050 NW 28TH ST #129 CORAL SPRINGS, FL 33065
---	---



2. Principal Place of Business 6143 N.W. 56 ST Suite, Apt. #, etc. CORAL SPRINGS City & State FLORIDA Zip 33067	3. Mailing Address P.O. BOX 25504 Suite, Apt. #, etc. FORT LAUDERDALE City & State FLORIDA Zip 33320
Country USA	Country USA

09042006 REIN-P CR2E098 (11/05) 05-06

4. FFI Number 34-1983973	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SARANIE, TIMOTHY 9050 NW 28TH ST #129 CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent Name SARANIE, Timothy Street Address (P.O. Box Number is Not Acceptable) 6143 N.W. 56 ST City CORAL SPRINGS FL Zip Code 33067
---	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Timothy Saranie* *Timothy SARANIE* 09/05/06.
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$ 300.00	
------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARANIE, TIMOTHY 9050 NW 28TH ST #129 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARANIE, Timothy 6143 N.W. 56 ST CORAL SPRINGS, FLORIDA. 33067. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	70008031091? 09/29/06--01061--008 **308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>9/28</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other list empowered.

SIGNATURE: *Timothy Saranie* 09/05/06 (954) 695-7412.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Shelter Improvement Group Inc
PO Box 25504
Fort Lauderdale, FL 33320*

September 22, 2006

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: P04000037215


Enclosed you will find the annual report completed for Shelter Improvement Group, Inc.

The initial reinstatement notification was never received due to a change in address in which the forwarded mail was never received.

Please waive the penalty for late filing and accept the enclosed check and form for reinstatement.

If you have any questions, please do not hesitate to contact me at the following number (954) 695-7412.

Thank you,


Timothy Saranie
Director