

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 24 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000056805

1. Corporation Name

Shino Bay Aguilera DO PA

700179465527
04/30/10--01057--005 **150.00

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #

350 E Las Olas Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Ste 110

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33301

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/13/2007

5. FEI Number

20-8645974

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

Richard Goren

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

8018 Valhalla Dr

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33446

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

700179465527
05/25/10--01002--024 **300.00

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

REGISTERED AGENT MUST SIGN

Date

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
P	Shino Bay Aguilera	8018 Valhalla Dr	Delray Beach, FL 33446

10. E-mail Address: Alison@KWacpa.com

(To be used for future annual report notification)

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. I further certify, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #