## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPAR Secretary DIVISION OF C	y of State		FILED 07 OCT 26 PM 127 37 . LOAR TAKE OF STATE
DOCUMENT # P050000 62315  1. Corporation Name  Ellist mark Shanbug, P.A.				TĂT LĂHĂŜSEE, FLORIDA
Name  Ellist Mark Shainbyg  Street Address (P.O. Box Number is Not Acceptable)  9080 / 7/25  Suite, Apt. #, Etc.  City  Hollabus J  Suite	The street of the state of the		CR2E081 (1/07)  4. Date Incorporated or Qualified To Do Business in Florida  4. Date Incorporated or Qualified To Do Business in Florida  4. Date Incorporated or Qualified To Do Business in Florida  4. Date Incorporated or Qualified To Do Business in Florida  4. Date Incorporated or Qualified To Do Business in Florida  Applied For Not Applicable  58.75 Additional Fee required for a Certificate of Status  The 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.	
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				
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 T' Ellist mark shainber	7 4080	4680 N. 414 St.		Hollywood, FC 33021
Upo Elysha Shainbug	4086	4080 N. 4117 St		HULLY MUNIS PL 33.21
Mora	<b>&gt;</b>	30		00110610143 1/0701006007 **150.00 00110610143 /0701053015 **150.00
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dayline Phone #				