## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ľ	RPORATI			FLORIDA DEPAF Secreta DIVISION OF	ry of S	State		21	. ,	5.10 to	
DOCUMENT # PO9000950 960  1. Corporation Name								۷۱	022 JUL 28	Ad IU: 10	
Shiloh Incorporated								800891819088 97/28/2291965892 **1236,88			
Principal Office Address - No P.O. Box # 3. Mailing Office					fice Address						
1601 N	urt		1601 NE 34th C	IE 34th Court							
Suite, Apt #, etc. Suite, Apt, #, etc.							CR2E081 (11/10)				
								4. Date Incorporated or Qualified To Do Business in Florida 06/11/2009			
City & State City & State								5. FEI Number Applied F			
Pompano Beach, FL				Pompano Beach	Pompano Beach, FL			80-0423480 Not Applicable			
Zip	i i			Zip		•	6. CERTIFICA	ATE OF STATUS D		Additional Fee required	
33064 USA			33064	03			for a Certificate of Status				
Name Philip Queiroz Soares  Street Address (P.O. Box Number is Not Acceptable) 1601 NE 34th Court Suite, Apt. #, Etc.  City  State  State  Zip Code Pompano Reach  33064							- - -				
	ano Beach					33064					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the or Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date			
9. Name	es and Street A	ddresses c	of Each Officer and	d/or Director (Florida nonp	rofit corp	orations must list at	least 3 directors)				
Titles		Name of and/or Directors	_	Street Address of Each Officer and/or Director			City / State / Zip				
Р	Philip Queiroz Soares				1601 NE 34th Court			Pompano Beach, FL 33064			
	REINSTAT 2020 - 202							NT.			
<sup>10.</sup> E-ma	il Addres	s <u>: Revo</u>	lutionBuilde	r7@gmail.com	be used	for future annual repo	ort notification)				
11. I certify	that I am an o	fficer or dir	ector or the receiv	er or trustee empowered t				apter 607 or 617, F	S. I further certify tha	t 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., and 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. I am aware that false information submitted in adocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7/8/22 954-830-6567 SIGNATURE: Philip Queiroz Soares

Date

Daytime Phone #