

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2020 SEP -3 P 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400353778414
10/15/20--01000--004 **1300.00

DOCUMENT #

1. Corporation Name

Shore shoots Entertainment inc.
P11000026327

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

4208 West 16th Ave
Suite, Apt. #, etc.
203

3. Mailing Office Address

4208 West 16th Ave
Suite, Apt. #, etc.
203

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33012

Country

USA

Zip

33012

Country

USA

CR2E061 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/2011

5. FEI Number

26-4186909

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
GENO POITIER

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

4208 West 16th Ave

Suite, Apt. #, Etc.

203

City

Hialeah

State

FL

Zip Code

33012

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 Aug 3-2020

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
CCO	GENO POITIER	4208 West 16 th Ave	Hialeah FL, 33012
CFO	NEKECHA POITIER	4208 West 16 th Ave	Hialeah FL, 33012

10. E-mail Address: GENOOKANA33@GMAIL.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., 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 a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

GENO POITIER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 3-2020 7864980993

Date

Daytime Phone #