

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -7 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001434

1. Corporation Name shew Corp

UBR

02-04

2. Principal Office Address

4731 N. 36 Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Hollywood, Fl.

City & State

Zip

33021

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/93

5. FEI Number

65-0385472

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

Lauren Taslovits

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

168 Camden Dr.

Suite, Apt. #, Etc.

900026346419

01/07/04 01034 019 ***450.00

City

Bal Harbour

State

FL

Zip Code

33154

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 1-5-04

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 |
|--------------|--------------------------------------|---|-----------------------------|
| <u>Pres.</u> | <u>Steve Weissman</u> | <u>4731 N. 36 Ct.</u> | <u>Hollywood, Fl. 33021</u> |
| <u>Sec.</u> | <u>Helen Weissman</u> | <u>"</u> | <u>"</u> |
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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 under section 119.07(3)(i), 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:

Helen Weissman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/03

Date

954-394-4807

Daytime Phone #

CR2E081 (10/02)

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1/5/04

To: Florida Dept. of State

From: Shew Corp

In regards to reinstating our corporation,
we hope you can waive the \$600.00 fee.

We never received the yearly renewal for 2003
or we would have paid the fee promptly.

We never missed payment in the past
years we have had this corporation.

Please accept this payment of \$450.00
as payment through 2004.

Thank you,

Helen S. Weissman

~~AS Weissman~~
Secretary