

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000002922**

1. Corporation Name
SHELTER REHUTY GROUP, INC.

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

39 SIDNEY DRIVE

Suite, Apt. #, etc

3. Mailing Office Address

39 SIDNEY DRIVE

Suite, Apt. #, etc

City & State

PALM BEACH GARDENS

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/8/93

5. FEI Number

650377939

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

EDWARD MITNICK

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

39 SIDNEY DRIVE

Suite, Apt. #, Etc

City

PALM BEACH GARDENS, FL 3

State

FL

Zip Code

33410

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

Edward Mitnick

REGISTERED AGENT MUST SIGN

Date

2/15/01

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
PRES.	EDWARD MITNICK	39 SIDNEY DRIVE	PALM BEACH GARDENS FL, 33410

REINSTATEMENT

2010 - 11

S. HAWKES

JAN 23 2011

EXAMINER

10. E-mail Address: **EDMITNICK@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:

Edward Mitnick

EDWARD MITNICK

2/15/01

561-630-7792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #