

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031049

1. Corporation Name

SHOPS AT 104, INC.

Principal Place of Business

15721 SHERIDAN ST
SPACE D-4
DAVIE FL 33331
US

Mailing Address

GNC
318 INDIAN TRACE #411
WESTON FL 33326
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1993

SP

5. FEI Number

65-0452064

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 A. Fee for Certificate of Status
for a Corporation or Limited Partnership

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DE	GRANGER, ALAN	4126 4TH AVENUE NORTH	ST. PETERSBURG FL 33713
PRES.	LUIS PARDO	4198 SABAL RIDGE WESTON, FL 33331	WESTON, FL 33331
VP	TONY PARDO	537 SLEPPY ROCK RD	WESTON, FL 33326

100003063511--3
-12/07/99--01082--018
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~GRANGER, ALAN~~
~~4126 4TH AVENUE NORTH~~
~~ST. PETERSBURG FL 33713~~

Name
LUIS PARDO
Street Address (P.O. Box Number is Not Acceptable)
4198 SABAL RIDGE CIRCLE
Suite, Apt. #, Etc.
City
WESTON
State
FL
Zip Code
33331

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/19/99

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR23040 (8/99)