

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PALLODOS 77772

1. Corporation Name

6 Shore Development Corp.

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SECHETARY OF STATE TALLAHASSEE, FLORIDA

	75.42					
2. Principal Office Address 3. Mailing Office Address						
312 South Washington Blud. 312 So		319 Southus	other sung for Rid		14 - 7M	2 UBF
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			<u> </u>
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City & State City & State		City & State	• •		3/1	- 1
		Sarasota	FL	5. FEI Numbe	244-264	Applied For Not Applicable
Zip Country Zip Zip Sarasota Zip			Country	6	6053	Additional Regulation
349	36 3000	34936	is orala	CERTIFICATE	OF STATUS DESIRED 🗶	a@ertilieatero/Status
7. Name and Address of Current Registered Agent						
	Name UCC Filing & Search Services, ±úc.					
	Street Address (P.O. Box Number is Not Acceptable)				00004912	696-7
	590 £02+	Park A-	16 MAG			
	Suite, Apt. #, Etc.			****608.75	****BD8.75	
	city tallahass				State Zip Code	
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 AUSON AUS AUST SECY Date 1/29/IN PREGISTERED AGENT MUST SIGN						
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
P	Eyal Rotem	182	Derfield ha	úe D.	Peasant ville, 1	OF 201 W
S	Jacob Gavish	180	Deer Field Li	ine u.	Heasanhille	0520) PC
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02-(914)747-700

Daytime Phone #

G-Shore Development Corporation

312 South Washington Blvd., Sarasota, Florida, 34236

Phone: 914-747-7005 Fax: 914-747-4714

Florida Secretary of State Division of Corporation

Reference:

G-Shore Development Corporation

File/document #P94000037772

Dear Sir or Madam:

Enclosed please find the following:

- 1. Reinstatement Application
- 2. Our check for \$608.75

Since we moved the office to Sarasota, our address has changed and as a result, we did not receive our annual report forms and were not aware that our Corporation fees had not been fully paid. In view of this fact, we would like to respectfully request that you abate the \$600.00 Corporate Reinstatement fee and please file the documents for the Annual Report Fee in the amount of \$608.75, which is enclosed.

Thank you very much for your consideration of my request and for your assistance in this matter.

Sincerely,

Jacob Gavish
Secretary