2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT: # P9400088364 1. Entity Name SHIMAN BROS., INC.						06 00	1	; 5	
Dissipat Black	(D		terline Address			7 .		÷ •	
Principal Place of Business 11166 ISLE BROOK COURT WEST PALM BEACH, FL 33414			Mailing Address 11166 ISLE BROOK COURT WEST PALM BEACH, FL 33414 US				• 1811: 82811 88111 88211 88117 8811	OLIGIA IRIGA IIIIR AKULEI	BINTI II ITU!
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			70042000	SATEM	3A2E098 (11/05)	0\Q
City & State			City & State			4. FEI Numb 65-056		<u> </u>	pplied For ot Applicable
Zip		Country	Zip	Count				S8.75 Add	
6. Name and Address of Current Registered Agent						7. Name and	Address of New Regis	itered Agent	
					Name				
KAUFMAN 11166 ISL WEST PAI	É BROOK				Street Address	(P.O. Box Number is Not Acceptable)			
					City			FL Zip Coo	de
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
estimated Above Studies during at Affactions affair and one understanding the studies of the studies and an additional and additional additional and additional additio									
FILE NOWIII FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
10.	•	OFFICERS AND I	NIDECTORS	11.		ADDITIONS	I /CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
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NAME	KAUFMAN, KENNETH				SE		معد ومعد إستان إسان ومعن ومعار وما		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gate Dayline Phone #									982401
l		SIGNATURE AND TYPED OR P	HIN I EU NAME OF BIGNING OFFICER	,UH DIREC	JUH		y ase	∪ayume ≥none #	