

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 30 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-9500008874

1. Corporation Name
SHINE HOUSE INC
31101 SW 195 AVE
Homestead FL 33030

2. Principal Office Address
31101 SW 195 AVE
Suite, Apt. #, etc.

3. Mailing Office Address
31101 SW 195 AVE
Suite, Apt. #, etc.

REINSTATEMENT 03-04

City & State
HOMESTEAD FL
Zip Country
33030

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HOMESTEAD
Zip Country
33030

4. Date Incorporated or Qualified To Do Business in Florida 2-2-95
5. FEI Number 650561292 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 SUSAN SCHEINHAUS 800037336828
Street Address (P.O. Box Number is Not Acceptable) 31101 SW 195 AVE 05/26/04--01044--001 **750.00
Suite, Apt. #, Etc. 800037336828
City HOMESTEAD 06/30/04--01042--003 **158.75
State Zip Code
FL 33030

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505 F.S.
Signature of Registered Agent Susan Scheinhaus Date 5/15/04
REGISTERED 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
<u>P</u>	<u>SUSAN SCHEINHAUS</u>	<u>31101 SW 195 AVE</u>	<u>HOMESTEAD 33030</u>

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: Susan Scheinhaus SUSAN SCHEINHAUS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES.
Date 5/15/04 Daytime Phone #

CR2E081 (10/02)