

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.

City & State

Homestead FL

Zip Country

33030

**3. Mailing Office Address**

31101 SW 195 AVE

Suite, Apt. #, etc.

City & State

Homestead

Zip Country

33030

**REINSTATEMENT** 03-04

**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

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

31101 SW 195 AVE

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

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  
REGISTERED AGENT MUST SIGN

Date 5/15/04

**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	Scheinhaus SUSAN	31101 SW 195 AVE	Homestead 33030

**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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN SCHEINHAUS  
PRES.

Date

5/15/04

Daytime Phone #

CR2E081 (10/02)