

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
BUREAU OF CORPORATIONS

1072

FILED

00 DEC 18 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DOCUMENT # P95000058966

1. Corporation Name

SHORE STUDIOS, INC.

Principal Place of Business

3205 CANAL DRIVE  
POMPANO BEACH FL 33062  
US

Mailing Address

P.O. BOX 50588  
LIGHTHOUSE POINT FL 33074  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/31/1995

5. FEI Number

65-0603844

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	OULTON, BRYAN P	3205 CANAL DRIVE	POMPANO BEACH FL 33062
VP	OULTON, ROBERT	3205 CANAL DRIVE	POMPANO BEACH FL 33062
ST	OULTON, YVONNE	3205 CANAL DRIVE	POMPANO BEACH FL 33062

700003514677--1  
-12/27/00--01073--008  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

OULTON, BRYAN P  
3205 CANAL DRIVE  
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12/14/00

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.

KE

SIGNATURE:

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

12/14/00  
Date

954-784-1599  
Daytime Phone #

20f2

P95000058966

12-14-00

WE HAD MAILED THIS  
TO YOU ON MARCH 13, 2000  
WITH A CHECK FOR \$150.00  
#1498.

OUR BANK INFORMS US  
THIS WAS NEVER CASHED.  
PLEASE REINSTATE US.

Thank you  
*R. Oulton*

ROBERT OULTON