

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 2:12

DOCUMENT # **P95000073264**

1. Corporation Name

SHG PROPERTIES, INC.

Principal Place of Business

Mailing Address

8130 W WATER AV
#130
TAMPA FL 33615
US

8130 W WATER AV
#130
TAMPA FL 33615
US

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



REINSTATEMENT 01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

34-1811935

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	QUEEN, STEVEN M	8130 WEST WATERS AVE., SUITE 130	TAMPA FL 33615
V	WHYTSELL, HARRY	2001 CROCKER RD SUITE 530	WESTLAKE OH 44145
T	FINKLER, GREGG R	1660 SPRAGUE ROAD SUITE 285	MIDDLBURG HTS OH 44130
			400004658374--2 -10/30/01--01008--013 ***\$750.00 ***\$750.00 10/10/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUEEN, STEVEN M
8921 PROMISE DRIVE
TAMPA FL 33626

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

Steven M. Queen
REGISTERED AGENT MUST SIGN

Date

10/15/01

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.

SIGNATURE:

Steven M. Queen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01

Daytime Phone #

(813) 886-4493

CR2040 (8/01)