PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LICATION FOR STATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

JMENT # **P95000090477**

tion Name

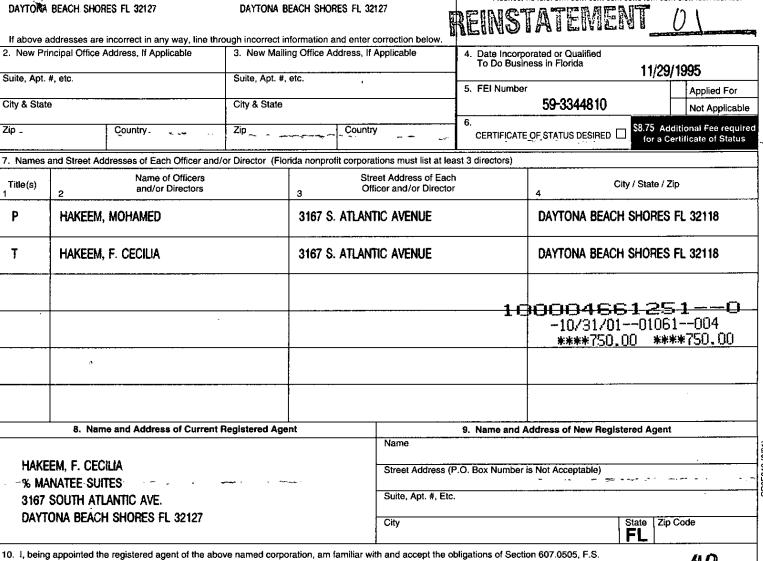
(A SHORES, INC.

rinੀ ace of Business

Mailing Address

% MARTEE SUITES 3167 SOUTH ATLANTIC AVE. DAYTONA BEACH SHORES FL 32127 % MANATEE SUITES 3167 SOUTH ATLANTIC AVE. DAYTONA BEACH SHORES FL 32127 SECRETARY OF STATE DIVISION OF CORPORATIONS

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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 filling

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

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/0 386-Davime Phone # CR2E040 (8/01