

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2  
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**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 12 AM 11: 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000092647

1. Corporation Name  
SHPA, INC

Principal Place of Business  
1065 NE 125 ST., STE. 209  
NORTH MIAMI FL 33161

Mailing Address  
1065 NE 125 ST., STE. 209  
NORTH MIAMI FL 33161



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/04/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0651644	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	DAVID ZILBERMAN	1065 NE 125 ST STE 209	NORTH MIAMI, FL 33161

700002010507--1  
-11/21/96--01007--005  
\*\*\*\*233.75 \*\*\*\*233.75

*[Signature]*  
11/30/96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ZILBERMAN, DAVID 1065 NE 125 ST., STE. 209 NORTH MIAMI FL 33161		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.  
Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: 10/15/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/15/96 Daytime Phone #

CR2E040 (7/96)


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**SHPA, INC.**  
1065 NE 125 Street Ste 209  
North Miami, Fl. 33161  
(305) 899-1139

10/15/96

This letter is regarding your notice of "ADMINISTRATIVE DISSOLUTION OR REVOCATION". I hereby promise that our agency did not receive a renewal notice. I have enclosed a check for the amount of \$200.00 for renewal \$25.00 for late fee and \$8.75 for a Certificate of Status for a total of \$233.75.

Thanking you in advance.

Sincerely,  
  
David Zilberman