

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # **P95000094347**

1. Corporation Name
SHAKER VILLAGE, INC.

Principal Place of Business 2455 E. SUNRISE BLVD. #905 FT. LAUDERDALE FL 33304	Mailing Address 2455 E. SUNRISE BLVD. #905 FT. LAUDERDALE FL 33304
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 4800 N. FEDERAL HIGHWAY		3. New Mailing Office Address, If Applicable 4800 N. FEDERAL HIGHWAY		4. Date Incorporated or Qualified To Do Business in Florida 12/13/1995	
Suite, Apt. #, etc. SUITE 201B		Suite, Apt. #, etc. SUITE 201B		5. FEI Number 65-0676249	
City & State BOCA RATON FL		City & State BOCA RATON FL		Applied For Not Applicable	
Zip 33431	Country USA	Zip 33431	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
D/P	SHANE, TIM A	2455 E. SUNRISE BLVD., SUITE 905 4800 N. FEDERAL HWY, #201B	FT. LAUDERDALE FL 33304 BOCA RATON FL 33431

REINSTATEMENT

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****908.75 ****908.75

8. Name and Address of Current Registered Agent SHANE, TIM A 2455 E. SUNRISE BLVD. #905 FT. LAUDERDALE FL 33304		9. Name and Address of New Registered Agent Name TIM SHANE Street Address (P.O. Box Number is Not Acceptable) 4800 N. FEDERAL HIGHWAY Suite, Apt. #, Etc. SUITE 201B City BOCA RATON State FL Zip Code 33431	
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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 
REGISTERED AGENT MUST SIGN

Date **10/5/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:  **SHANE, TIM A**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/5/98** (561) 362-5551
Daytime Phone #

CR20040 (8/97)