PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

·	RPORATI STATEM				DEPARTN Secretary of ISION OF COR	of Sta			1 MAL 20		2: 52	
DOCUMENT # P96000010860 1. Corporation Name Shapiro & Freire, PA								SECRETARY OF STATE TALLAHASSEE, FLORIDA 01716/09-01037-010				
2. Principal Office Address - No P.O. Box # 3000 Edgewater Drive Suite, Apt. #, etc.					3. Mailing Office Address Suite, Apt. #, etc.				REINSTATE NAME 05-09			
City & State Orlando Zip 32804	Country			City & State Florida Zip	Florida			5. FEI Number 59 -	Date Incorporated or Qualified To Do Business in Florida FEI Number Applied For Not Applicable CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Regis Name Mark F. Shapiro Street Address (P.O. Box Number is Not Acceptable) 3000 Edgewater Dr Suite, Apt. #, Etc. City Orlando					State State 32804			☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obling signature of Registered Agent									Date			
9. Names	and Street Ad	Idresses	of Each Office	r and/or Director (Fl	orida nonprofit	corpor	ations must list at le	east 3 directors)	1			
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip			
Pres	Mark F. Shapiro				3000 Edgewater Dr				Orlando FL 32804			
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10. 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 contained in Chapter 119, 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									01/12/2009 Date	407-648 Daytime P		

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