


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED

CORPORATION REINSTATEMENT



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

00 NOV 17 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P960000011792**

1. Corporation Name
SHOUHA, INC

2. Principal Office Address 141 CREEK DRIVE		3. Mailing Office Address 141 CREEK DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Charlotte, FL		City & State Port Charlotte, FL	
Zip 33952	Country CHARLOTTE	Zip 33952	Country CHARLOTTE

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida **02/07/96**

5. FEI Number **65-0652054** Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

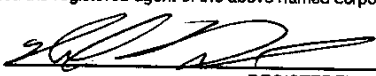
Name **ABE AL ARNASI**

Street Address (P.O. Box Number is Not Acceptable)
141 CREEK DRIVE

Suite, Apt. #, Etc.

City **PORT CHARLOTTE** State **FL** Zip Code **33952**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

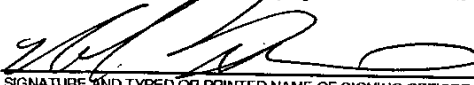
Signature of Registered Agent  Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ABE AL ARNASI	141 CREEK DRIVE	Port Charlotte, FL 33952

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 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:  Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)