

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED

97 DEC 29 AM 10:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000016318**

1. Corporation Name
EASTERN SHORES, INC.

Principal Place of Business Mailing Address
5889 N.W. 36TH STREET MIAMI FL 33166

000002391340--3
 -01/06/98--01076--014
 ***750.00 ***750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 17021 NORTH BAY ROAD - APT # 108 Suite, Apt. #, etc. NORTH MIAMI BEACH - FL City & State Zip 33160 Country USA		3. New Mailing Office Address, if Applicable 17021 NORTH BAY ROAD Suite, Apt. #, etc. APT # 108 City & State NORTH MIAMI BEACH - FLORIDA Zip 33160 Country USA		4. Date Incorporated or Qualified To Do Business In Florida 02/22/1996	
5. FEI Number 65-0695035				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
PD	BIANCHI, FRANCO	% 5889 N.W. 36TH ST.	MIAMI FL 33166
VD	BIANCHI, DEYSE	% 5889 N.W. 36TH ST.	MIAMI FL 33166
VD	PEREGRINA, MIRYAM	% 5889 N.W. 36TH ST.	MIAMI FL 33166
SD	PEREGRINA, JORGE	% 5889 N.W. 36TH ST.	MIAMI FL 33166

REINSTATEMENT 1997

A. Alan

8. Name and Address of Current Registered Agent PEREGRINA, JORGE 5889 N.W. 36TH STREET MIAMI FL 33166		9. Name and Address of New Registered Agent Name PEREGRINA JORGE Street Address (P.O. Box Number is Not Acceptable) 17021 NORTH BAY ROAD - APT 108 Suite, Apt. #, Etc. City NORTH MIAMI BEACH State FL Zip Code 33160	
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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 *Jorge Peregrina* Date **12-21-97**
 REGISTERED AGENT MUST SIGN

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: *Jorge Peregrina* 12-21-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/97)