

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
 99 AUG 17 AM 11:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000016318
 1. Corporation Name EASTERN SHORES, INC.

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable 169 East Flagler St. Suite, Apt. #, etc. #1035	3. New Mailing Office Address, If Applicable 169 E. Flagler St. Suite, Apt. #, etc. #1035	4. Date Incorporated or Qualified To Do Business in Florida 2/22/96
City & State Miami, Florida	City & State Miami, Florida	5. FEI Number 65-0695035
Zip 333131	Country USA	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
P/D	SAUL WAGENBERG	169 E. Flagler St. #1035	Miami, Fl 33131
VP	ITAMAR AVINAMI	169 E. Flagler St. #1035	Miami, Fl 33131

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 ****900.00 ****900.00

REINSTATEMENT 98-99: TS

8. Name and Address of Current Registered Agent JORGE PEREGRINA 17021 North Bay Road Apt. 108 North Miami Beach, Fl	9. Name and Address of New Registered Agent Name Ellen Rose Street Address (P.O. Box Number is Not Acceptable) One Southeast Third Ave Suite, Apt. #, Etc. Suite 2400 City Miami State FL Zip Code 33131
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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 *Ellen Rose* Date **Aug. 13, 1999**
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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: *Saul Wagenberg* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SAUL WAGENBERG, PRES.** Date **8-13-99** Daytime Phone #

CR2E081 (12/98)