03000195150 5 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

03 MAY 15 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000070997

1. Corporation Name
SHINE LAND CORP.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
9500 NW 77th Ave	SAME
Suite, Apt. #, etc.: #15	Suite, Apt. #, etc.:
City & State: Hialeah, Florida	City & State:
Zip: 33016. Country:	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 8-26-1996

5. FEI Number: 65-0711640 ☐ 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: W. SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable): 9500 NW 77th Avenue

Suite, Apt. #, Etc.: #15

City: Hialeah Gardens | State: FL | Zip Code: 33016

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: 5-15-03
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
D	CABALLERO, RAFAEL	20100 NW 129th Avenue	Miami, Fl 33177.
D	FALERO, AMABLE	2310 SW 92nd Place	Miami, Fl 33155.

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: _____ AMABLE FALERO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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