

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101671

1. Corporation Name

Shimoff & Associates, Inc.

FILED

07 JUN -6 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000103999390

06/06/07--01043--006 **1350.00

2. Principal Office Address - No P.O. Box #

980 5th Street South

3. Mailing Office Address

980 5th Street South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Lane Cole

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34102

Country

US

Zip

34102

Country

US

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1996

5. FEI Number

650732283

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Naples-Lawdock, Inc.

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

1395 Panther Lane

Suite, Apt. #, Etc.

Suite 300

Naples

State
FL

Zip Code
34109

☐ 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 obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kimberly Leach Johnson

REGISTERED AGENT MUST SIGN

Date

6/5/07

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
PDS	Marci Shimoff	57 Bayview Dr.	San Rafael, California, 94901

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 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:

Marci Shimoff

Marci Shimoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/07

Date

415-789-1300

Daytime Phone #

26/8