

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007558

1. Corporation Name

SHORELINE IMAGING, INC.

Principal Place of Business

Mailing Address

4912 BAY PARK DRIVE
PORT RICHEY FL 34668

4912 BAY PARK DRIVE
PORT RICHEY FL 34668

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1997

5. FEI Number

59-3424913

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SIVER, JACQUELINE S	4912 BAY PARK DRIVE	PT RICHEY FL 34668

800025066008
11/26/03--01015--017 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIVER, JACQUELINE S
4912 BAY PARK DRIVE
PORT RICHEY FL 34668

Name

Jacqueline S. Siver

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

4912 Bay Park Dr

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of
Registered Agent

Jacqueline S. Siver

REGISTERED AGENT MUST SIGN

Date

11-19-03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline S. Siver

Date

11-19-03

Daytime Phone #

787

845-1111