

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 19 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P98000065572*

1. Corporation Name

*Shanoline, Incorporated*

2. Principal Office Address

*20 SW 67 CT*

3. Mailing Office Address

*20 SW 67 CT*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Miami, Florida*

City & State

*Miami, Florida*

Zip

*33144*

Country

*USA*

Zip

*33144*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*7/23/1998*

5. FEI Number

*33-1185245*

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

*Caroline San Juan*

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

*1011 Singer Drive*

Suite, Apt. #, Etc.

City

*Riviera Beach*

State

*FL*

Zip Code

*33404*

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

*Caroline San Juan*  
REGISTERED AGENT MUST SIGN

Date *10/15/2007*

**9. Names and Street Addresses of Each Officer and/or Director (Florida for-profit 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
<i>P</i>	<i>Elena San Juan</i>	<i>20 SW 67 Court</i>	<i>Miami, FL 33144</i>
			<i>330111244528</i>
			<i>10/24/07--01003--012 **450.0</i>

REINSTATEMENT

10:07

RH

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:

*Caroline San Juan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/15/07* *786.232.1012*

Date

Daytime Phone #

DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

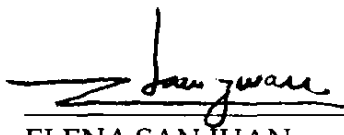
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM  
ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO  
PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEAR OF  
2005, 2006 & 2007 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY.  
PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT  
STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER.  
AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREE TO CONTACT US.

CORDIALLY YOURS,

  
ELENA SAN JUAN  
PRESIDENT