PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
03 JAN 22 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000087717

1. Corporation Name
Shapiro and Gerth Chartered

02-03

2. Principal Office Address	3. Mailing Office Address
1075 Duval St.	PO Box 2819
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Unit C-4	
City & State	City & State
Key West FL	Key West FL
Zip / Country	Zip / Country
33040 USA	33041-2819 USA

4. Date Incorporated or Qualified To Do Business in Florida 3/31/99

5. FEI Number 65-0896766 ☐ 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
Elias J Gerth

700010430777
01/22/03--01087--014 **990.00

Street Address (P.O. Box Number is Not Acceptable)
3632 Sunrise Dr.

Suite, Apt. #, Etc.

City: Key West | State: FL | Zip Code: 33040

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 X _____ Date 1/9/03

REGISTERED AGENT MUST SIGN

CR2E081 (3/01)

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
Pres	Gilbert Shapiro	540 Truman Ave, Key West FL 33040	Key West FL 33040
Sec	Elias J. Gerth	3632 Sunrise Dr Key West FL 33040	Key West FL 33040

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: X _____ 1/9/03 305-295-6790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #