

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# S55819

**FILED**  
**Sep 02, 2011**  
**Secretary of State**

**Entity Name:** SHORE ENTERPRISES OF BROWARD, INC.

**Current Principal Place of Business:**

212 NW 3RD AVE  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

212 NW 3RD AVE  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 59-3073136

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHRIVER, JOEL  
212 NORTHWEST 3RD AVENUE  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JOEL SHRIVER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SHRIVER, JOEL  
**Address:** 212 NW 3RD AVE  
**City-St-Zip:** HALLANDALE, FL

**Title:** STD  
**Name:** SHORE, ALAN  
**Address:** 212 NW 3RD AVE  
**City-St-Zip:** HALLANDALE, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JOEL SHRIVER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

09/02/2011

\_\_\_\_\_  
Date