

202

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

CORPORATION REINSTATEMENT

SHAKE'S FROZEN CUSTARD, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



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

09 AUG 26 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003971

1. Corporation Name
Shake's Frozen Custard, Inc.

2. Principal Office Address 2797 North College		3. Mailing Office Address 2797 North College	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fayetteville, AR		City & State Fayetteville, AR	
Zip 72703	Country USA	Zip 72703	Country USA

Handwritten initials

REINSTATEMENT 07-09

4. Date Incorporated or Qualified To Do Business in Florida 6/4/2001

5. FEI Number 43-1870866 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 Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable)
1203 Governors Square Blvd,

Suite, Apt. #, Etc.
Suite 101

City Tallahassee State FL Zip Code 32301-2960

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 *Mark Williams* Mark Williams, A.V.P., Business Filings Incorporated Date 8/24/09

REGISTERED AGENT MUST SIGN

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
Dir./VP	Donald Osborne	3101 Jessica	Joplin, Missouri 64804
Dir./Pres/ Sec./ TRS.	Debra Osborne	3101 Jessica	Joplin, Missouri 64804

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)(f), 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: *Debra Osborne* Debra Osborne, President Date 08-20-09 Daytime Phone # 479-587-9115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR