

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
98199
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N97000006077

99 SEP 13 AM 10:51

1. Corporation Name
SHACKELFORD ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
490 Severn Avenue 490 Severn Avenue
Tampa, Florida 33606 Tampa, Florida 33606

500002964505
08-19-99 - 01060 - 011
\$122.50 \$122.50

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		4. Date Incorporated or Qualified To Do Business in Florida October 28, 1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number N/A	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P D	Richard L. Shackelford	490 Severn Avenue	Tampa, Florida 33606
S D	Sandra K. Shackelford	490 Severn Avenue	Tampa, Florida 33606
D	RICK LENOIR	490 SEVERN AVE	TAMPA FLORIDA 33606

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Richard L. Shackelford 490 Severn Avenue Tampa, Florida 33606		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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.
Signature of Registered Agent: Date: August 13, 1999
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: August 13, 1999 813-876-2455
Richard L. Shackelford, President Date Daytime Phone #

CREFORM (12/98)

August 17, 1999

Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

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-08/19/99--01060--011
122.50 *122.50

Dear Katherine:

Attached you will find our reinstatement request for the Shackelford Estates Homeowners Association, Inc. . The corporation lapsed because we did not receive the renewal notice. You will see the address listed at the state is incorrect (Attached internet printout). This corporation as an entity to maintain the street and drainage as required by SW Florida Water Management . My request is for you to waive the reinstatement fee due to the address error. This is not a for profit corporation. I enclose a check for the annual fee.

Thank you,

Sincerely:


Richard Shackelford