

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000080132**

1. Corporation Name

**SHADES OF DISTINCTION, INC.**

Principal Place of Business

Mailing Address

9222 LAZY LANE  
TAMPA FL 33614

9222 LAZY LANE  
TAMPA FL 33614

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

08/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3738005

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
D	ZUCKERMAN, JON D	9222 LAZY LANE	TAMPA FL 33614
D	ZUCKERMAN, CHRIS H	9222 LAZY LANE	TAMPA FL 33614
			10/21/03--01127--001 **750.00 900023983129 10/21/03--01127--001 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZUCKERMAN, JON  
9222 LAZY LANE  
TAMPA FL 33614

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
**REGISTERED AGENT MUST SIGN**

Date

10-16-03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* Jon D. Zuckerman President

Date

10-16-03

Daytime Phone #

813 930 0555

CR2040 (7/03)

9222 Lazy Lane  
Tampa, FL 33614  
Phone (813) 930-0555  
Fax (813) 930-0875

## Shades of Distinction

October 15, 2003

To Whom It May Concern:

Last week I received a Notice of Administrative Dissolution of my cooperation. Until this notice, I had not been made aware that we had not renewed *our license*.

I would like to request that the Florida Department of State abate the \$600.00 reinstatement fee. I would like to resolve this matter as promptly as possible, and did attempt to contact you by phone. I was unable to get through, but would still like to explain my situation. One employee, responsible for the administration for the last 18 months, allowed numerous mistakes with many other key tax forms. In retrospect, many of these documents were most likely thrown away due to inattentiveness on their part. This employee, along with another employee related in the matter, has since been fired. I understand the gravity of this situation and would like to apologize for this. My primary goal is to fully resolve this matter, as I am ultimately responsible for it.

**I would also like to mention that in the past we have always paid our fee on time. Because of this I am asking you to abate the reinstatement fee. Thank you for considering our request.**

**Enclosed is a check for \$750.00 (\$150.00 the annual fee & \$600.00 the reinstatement fee).**

Sincerely,



Jon D. Zuckerman  
President