

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAR 30 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000045109**

1. Corporation Name

20 FL, INC

2. Principal Office Address

12135 SW EGRET CIR

Suite, Apt. #, etc.

City & State

LAKE SUZG, FL

Zip

34269

Country

US

3. Mailing Office Address

12135 SW EGRET CIR

Suite, Apt. #, etc.

City & State

LAKE SUZG, FL

Zip

34269

Country

US

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

4/2002

5. FEI Number

20-2472555

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

DAVID W. SHEPARD

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

12135 SW EGRET CIR

Suite, Apt. #, Etc.

02/14/03 90400 001 \$150.00

City

LAKE SUZG

State

FL

Zip Code

34269

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

D W. Shepard

REGISTERED AGENT MUST SIGN

Date

3/9/05

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
P/S/D	DAVID W. SHEPARD	12135 SW EGRET CIR	LAKE SUZG, FL 34269

900050303009
04/11/05--01005--021 **900.00

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: **D W. Shepard** **DAVID W. SHEPARD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/05
Date

941-764-7724
Daytime Phone #

CR2E081 (07/05)