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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 DEC 11 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000050781

1. Corporation Name

Shane W Clegg Inc.

2. Principal Office Address

3. Mailing Office Address

36515 Ranch Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Eustis Florida

Zip

Country

Zip

Country

32736 Lake

4. Date Incorporated or Qualified To Do Business in Florida

3-22-04

5. FEI Number

45-0537156

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

Shane W Clegg

100082446741

12/11/06--01065--006 \*\*301.00

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

36515 Ranch Rd

Suite, Apt. #, Etc.

City

Eustis

State

FL

Zip Code

32736 32736

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

Shane W Clegg

REGISTERED AGENT MUST SIGN

Date 11-30-06

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
President	Shane W Clegg	36515 Ranch Rd	Eustis, FL 32736

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 contained in Chapter 119, 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:

Shane W Clegg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-30-06

Date

Daytime Phone #

11-30-06

2 of 2

To Whom it Concerns.

claim the owner of Shane W Clagg<sup>Inc</sup>  
I didn't receive my annual statement  
so claim enclosing a check for \$1300.00  
in response of ~~to~~ talking with Sean  
Toner at 8:10am 11-31-06. claim  
truly sorry for any inconvenience.

Shane Clagg  
(Shane W Clagg Inc)