

2016 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000169891

1. Entity Name
SHIRLEY D NANTON CORP.



16 OCT 25 PM 2:00

Principal Place of Business Mailing Address
~~1800 NE CAPITAL CIRCLE~~ 1818 S. Monroe P.O BOX 12656
TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32317
Tallahassee, FL 32305

SEAL OF THE STATE
TALLAHASSEE, FLORIDA
100291024001
10/25/16-01003-005 **\$550.00



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

10252016 REIN-P CR2E098 (12/11)

4. FEI Number 20-2029702 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NANTON, SHIRLEY D
~~1800 NE CAPITAL CIRCLE~~ 1818 S. Monroe St
TALLAHASSEE, FL 32308 Tallahassee, FL 32305

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *SP [Signature] on 10/25/16

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2017, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME NANTON, SHIRLEY D
STREET ADDRESS 1800 NE CAPITAL CIRCLE
CITY- ST- ZIP TALLAHASSEE, FL 32308

TITLE CEO ☐ Delete
NAME NANTON, STANLEY
STREET ADDRESS 1800 NE CAPITAL CIRCLE
CITY- ST- ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] 10/25/16 Stanley Nanton @ Net Zero, Com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

Session

REINSTATEMENT

ALL