

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
12 FEB 28 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten initials]*

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02/28/12--01005--008 \*\*1000.00

CR28081 (11/10)

DOCUMENT # P93000063574

1. Corporation Name

The Shafe Group, Inc.

2. Principal Office Address - No P.O. Box #

531 Versailles Drive

3. Mailing Office Address

531 Versailles Drive

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Maitland, Florida

City & State

Maitland, Florida

Zip

32751

Country

USA

Zip

32751

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/13/1993

5. FEI Number

593209451

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

Charles Shafe

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

531 Versailles Drive

Suite, Apt. #, Etc.

Suite 201

City

Maitland

State

FL

Zip Code

32751

**REINSTATEMENT 10-12**

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

*[Handwritten Signature]*

Date

2/22/12

REGISTERED AGENT MUST SIGN

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
Dir.	Charles Shafe	154 S. Lakewood Cr.	Maitland, FL 32751
Dir.	Frances M. Shafe	154 S. Lakewood Cr.	Maitland, FL 32751

10. E-mail Address: charles@shafegroup.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*[Handwritten Signature]* CHARLES C. SHAFE, President

2/22/12

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #