

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015524

1. Corporation Name

SHADOWBOX COLLECTIBLES, INC.

93 JUN 21 11:30
TREASURY DEPARTMENT
FLORIDA

Principal Place of Business

Mailing Address

~~240 LAWILLA DR~~
~~MIAMI SPRINGS FL 33166~~

~~240 LAWILLA DR~~
~~MIAMI SPRINGS FL 33166~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1578 NW 165 Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

02/18/1994

5. FEI Number

65-0474833

Applied For

Not Applicable

City & State

Miami, FL.

City & State

Zip 33169 Country US

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MEYERS, WILLIAM G	240 LAWILLA DR	MIAMI SPRINGS FL 33166
		1578 N.W. 165 Street	Miami, FL. 33169
STATEMENT 98-99			
			800002915068-9 -06/25/99-01003-012 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEYERS, WILLIAM G

~~240 LAWILLA DR~~ 1578 N.W. 165 Street
MIAMI SPRINGS FL 33166 Miami, FL. 33169

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.

Signature of Registered Agent

W. J. M.

REGISTERED AGENT MUST SIGN

Date

5/21/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

W. J. M.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. GORDON MEYERS

Date

5/21/99 305 621-0545

Daytime Phone #

CR2E040 (9/98)