

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 JAN -2 AM 11:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000063547**

1. Corporation Name

SHADOW COMMUNICATIONS, INC.



REINSTATEMENT

Principal Place of Business

Mailing Address

SCOTT RAINES
 2771 SW 5TH STREET
 DELRAY BEACH FL 33445

SCOTT RAINES
 2771 SW 5TH STREET
 DELRAY BEACH FL 33445

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/15/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

65-0602885

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PVST	RAINES, SCOTT	2771 SW 5TH STREET	DELRAY BEACH FL 33445
T	RAINES, JOAN	2771 SW 5TH STREET	DELRAY BEACH FL 33445

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAINES, SCOTT
 2771 SW 5TH STREET
 DELRAY BEACH FL 33445

Name
 Street Address (P.O. Box Number is Not Applicable)
 Suite, Apt. #, Etc.
 City
 State
 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

[Signature]
 REGISTERED AGENT MUST SIGN

Date 12-10-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-96

Date

Daytime Phone #

884-786-8444

CR121E040 (7/96)