


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
2006 ANNUAL REPORT					
DOCUMENT # P96000030157					
1. Corporation Name SHAPELLS, INC.					
2. Principal Office Address 8505 STOCKS RD Suite, Apt. #, etc.			3. Mailing Office Address SAME Suite, Apt. #, etc.		
City & State JACKSONVILLE, FL			City & State		
Zip 32220	Country DUVAL	Zip	Country		

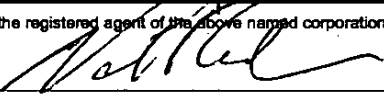

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 1996	
5. FEI Number 59-3373360	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name NORMAN P. FREEDMAN			
Street Address (P.O. Box Number is Not Acceptable) 525 N. NEWMAN ST			
Suite, Apt. #, Etc.			
City JACKSONVILLE		State FL	Zip Code 32202

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 		Date 1/17/06	
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
P	Guy Lachapelle	8505 STOCKS RD	JAX, FL 32220
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: 		Date 1/10/06 (904) 786-5503	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

1/26/06 CORPORATE DETAIL RECORD SCREEN 2:45 PM
NUM: P96000030157 ST:FL ACTIVE/FL PROFIT FLD: 04/01/1996
FEI#: 59-3373360
NAME : SHAPELLS, INC.
PRINCIPAL: 8565 STOCKS ROAD CHANGED: 01/27/97
ADDRESS JACKSONVILLE, FL 32220 US
RA NAME : LACHAPELLE, GUY R
RA ADDR : 8565 STOCKS ROAD
JACKSONVILLE, FL 32220 US
ANN REP : (2003) A 01/09/03 (2004) I 02/26/04 (2005) N 02/17/05

1. MENU, -3. OFFICERS

ENTER SELECTION AND CR: