

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JUN 12 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000057667

1. Corporation Name

SHAWN'S SERVICES, INC.  
8304 NW 73 AVE  
TAMARAC, FL 33321

800004481608--2  
-07/17/01--01098--002  
\*\*\*\*908.75 \*\*\*\*908.75

2. Principal Office Address

8304 NW 73 AVE

3. Mailing Office Address

Suite, Apt. #, etc.

TAMARAC, FL

Suite, Apt. #, etc.

City & State

City & State

Zip

33321

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/25/99

5. FEI Number

65-0929750

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

SHAHID SALEEM

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

8304 NW 73 AVE

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33321

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

*Shahid Saleem*

Date 6/1/01

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	SHAHID SALEEM	8304 NW 73 AVE	TAMARAC, FL 33321

**REINSTATEMENT**

2000-01

*Shahid Saleem*

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapters 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)(f), 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:

*Shahid Saleem*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/01

Date

(954) 647-3084

Daytime Phone #

CP29051 (2/99)