

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

01 OCT 25 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000071070

1. Corporation Name

THE SHADOWMEN, INC.

Principal Place of Business

Mailing Address

1207 BEACH WALKER ROAD
FERNANDINA BEACH FL 32034

1207 BEACH WALKER ROAD
FERNANDINA BEACH FL 32034

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

08/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3590607

Applied For

Not Applicable

City & State

City & State

Zip

Country

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	4 City / State / Zip
PTS	KLEIMAN, DENNY	1207 BEACH WALKER RD	FERNANDINA BEACH FL 32034

700004679167--2

-11/14/01--01079 021

****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALL, EDWIN L JR
1207 BEACH WALKER ROAD
FERNANDINA BEACH FL 32034

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 10-22-01

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., 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:

[Handwritten Signature]
Denny Kleiman

10-22-01 904-277-7941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED040 (8/01)