PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 00 WBR

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 17 AM 8:50

DOCUMENT # P99000086277

1. Corporation Name

SHIPLEY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5545 HAVERHILL RD. LAKE WORTH FL 33463	5545 HAVERHILL RD. LAKE WORTH FL 33463

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

69-14.00 90008 025 $550.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 09/29/1999

5. FEI Number 65-0988546 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/T/S/D	PHYLLIS GOLDSTEIN	5545 HAVERHILL ROAD	LAKE WORTH, FL 33463
			10/24

8. Name and Address of Current Registered Agent

GOLDSTEIN, PHYLLIS
5545 HAVERHILL RD.
LAKE WORTH FL 33463

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/00)

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 Phyllis Goldstein SIGNATURE REQUIRED Date 10/13/2000

REGISTERED AGENT MUST SIGN

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: Phyllis Goldstein SIGNATURE REQUIRED 10/13/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DANIEL K. CORBETT

ATTORNEY AT LAW

300 MERCURY ROAD

LOGGERHEAD PLAZA • 14253 U.S. HIGHWAY ONE • JUNO BEACH, FLORIDA 33408

FAX 561 • 624 • 4736 PHONE 561 • 624 • 5600

October 13, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Shipley Enterprises, Inc.

Dear Division of Corporations:

My pro bono client, Phyllis Goldstein, has previously written to the Division in reply to your letter of September 15, 2000, but she did not retain a copy of her letter when she paid $550.00 by certified mail. Please accept this form in addition to her previous payment that was timely and her written response.

Yours truly,

Daniel K. Corbett