

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
01 DEC 24 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000101221

1. Corporation Name

The Shad Company

2. Principal Office Address

5031 YACHT CLUB RD

Suite, Apt. #, etc.

3. Mailing Office Address

5031 YACHT CLUB RD

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32210

Country

Zip

32210

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3610085

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

Michael W. Fisher

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

ONE INDEPENDENT DR

Suite, Apt. #, Etc.

Suite 2600

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date

12/20/01

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
<u>P, D</u>	<u>Harold W. Shad</u>	<u>5031 YACHT CLUB RD</u>	<u>Jacksonville, FL 32210</u>

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 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:

H.W. Shad  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/01  
Date

904-384-4695  
Daytime Phone #

CR2E081 (8/00)

**The Shad Company**

5031 Yacht Club Road  
Jacksonville, FL 32210  
904-384-4695

Secretary of State  
Division of Corporations  
Box 6327  
Tallahassee, FL 32314

Attn: Reinstatement Department

Gentlemen:

Please reinstate The Shad Company (P99000101221) (EIN 59-3610085) to active status. I also request that you waive the reinstatement penalty. I never received the Annual Renewal Form because the address listed on your records is incorrect. I have enclosed a check for \$300 and the reinstatement form. Thank you for your consideration.

Sincerely,



H. W. Shad  
President