

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JAN -2 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000063547

1. Corporation Name

SHADOW COMMUNICATIONS, INC.

Principal Place of Business

SCOTT RAINES  
2771 SW 5TH STREET  
DELRAY BEACH FL 33445

Mailing Address

SCOTT RAINES  
2771 SW 5TH STREET  
DELRAY BEACH FL 33445



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/15/1995

5. FEI Number

65-0602885

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVST	RAINES, SCOTT	2771 SW 5TH STREET	DELRAY BEACH FL 33445
<del>T</del>	<del>RAINES, JOAN</del>	<del>2771 SW 5TH STREET</del>	<del>DELRAY BEACH FL 33445</del>

8. Name and Address of Current Registered Agent

RAINES, SCOTT  
2771 SW 5TH STREET  
DELRAY BEACH FL 33445

9. Name and Address of New Registered Agent

Name  
400002051884--7  
Street Address (P.O. Box Number is Not Applicable)  
61/09/97--01015--022  
Suite, Apt. #, Etc.  
\*\*\*375.00 \*\*\*375.00  
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

REGISTERED AGENT MUST SIGN

Date 12-10-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-10-96

884-786-8444

01210040 (7/96)