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 APR -3 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V45043

1. Corporation Name
SHADDAY ENTERPRISES, INC.

Principal Place of Business / Mailing Address
~~36 S. SEMORAN BLVD.~~
~~ORLANDO, FLORIDA 32807~~

REINSTATEMENT 95+97
MWB

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: 22 JUNE 1992
520 13th. STREET	SAME	
Suite, Apt. #, etc.: OFFICE	Suite, Apt. #, etc.: SAME	5. FEI Number: 59-3121965 — Applied For / Not Applicable
City & State: St Cloud, FL.	City & State: SAME	
Zip: 34769 — 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~President~~	~~ANTONIO HERNANDEZ~~	~~36 S. SEMORAN BLVD.~~	~~ORLANDO, FL. 32807~~
President	NILDA CASTRO	195 FLORAL DR.	Kissimmee FL 34743
			000002135880---9 -04/08/97--01024--011
			***1080.00 ***1080.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~ANTONIO HERNANDEZ~~	Name: NILDA CASTRO
~~36 S. SEMORAN BLVD.~~	Street Address (P.O. Box Number is Not Acceptable): 520 Thirteen Street
~~ORLANDO, FLORIDA 32807~~	Suite, Apt. #, Etc.:
NILDA CASTRO, 195 FLORAL DR. Kissemmee FL 34743	City: St. Cloud — State: FL — Zip Code: 34769

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: X Nilda Castro — Date: 3/22/97
REGISTERED AGENT MUST SIGN

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: X Nilda Castro — Date: 4/4/97 — Daytime Phone #: 391-8088 / 391-8072 (407) ~~[illegible]~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/96)