

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 530641

1. Corporation Name
SHACOUSH, INC.

Principal Place of Business
4051 DOGE HWY NE
PALM BAY FL 32905-3613

Mailing Address
4051 DOGE HWY NE
PALM BAY FL 32905-3613

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

2. New Principal Office Address, If Applicable
241 VELVET AV NE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
241 VELVET AV NE
Suite, Apt. #, etc.

City & State
PALM BAY, FL
Zip
32907
County
BREV

City & State
PALM BAY, FL
Zip
32907
County
BREV

FILED

96 DEC -2 PM 12:30

SECRETARY OF STATE
TALMADGE
103019144-7
01040-026
****375.00 ****375.00

****375.00 ****375.00

REINSTATEMENT

1996 12-2-96

4. Date Incorporated or Qualified
To Do Business in Florida 04/01/1977

5. FEI Number 59-1740051

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	LATHROP, WILLIAM E	170 BAYAMO NE	PALM BAY FL
ST	LATHROP, NANCY L	170 BAYAMO NE	PALM BAY FL
PD	HAMMER, WILLIAM A. SR	3600 COREY RD.	PALM BAY FL
ST	HAMMER, WILLIAM A. JR	3600 COREY RD.	PALM BAY FL
PD	HAMMER, WILLIAM A JR	241 VELVET AV NE	" " " 32907
VP	HAMMER, WILLIAM A. SR	3600 COREY RD	MAJABAR, FL 32950
ST	LAURA D. HAMMER	241 VELVET AV NE	PALM BAY, FL 32907

8. Name and Address of Current Registered Agent

HAMMER, WILLIAM A JR
3600 COREY ROAD
MAJABAR FL 32950

9. Name and Address of New Registered Agent

Name
WILLIAM A HAMMER JR
Street Address (P.O. Box Number is Not Acceptable)
241 VELVET AV NE
Suite, Apt. #, Etc.

City
PALM BAY, FL
State
FL
Zip Code
32907

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

WILLIAM A. HAMMER JR
REGISTERED AGENT MUST SIGN

Date 10/16/96

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:

WILLIAM A. HAMMER JR 10/16/96 407 725-6838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #