

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED

02 APR 18 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000002288

1. Corporation Name

SHANE EQUIPMENT INC

2. Principal Office Address

3300 SW 11TH ST.

3. Mailing Office Address

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/2000

5. FEI Number

251822474

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

DEERFIELD BCH FL

City & State

Zip

33442

Country

BROWARD

Zip

Country

7. Name and Address of Current Registered Agent

Name

DELORES CHRISTOPHER

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

3300 SW 11TH ST

Suite, Apt. #, Etc.

City

DEERFIELD BCH FL

State

FL

Zip Code

33442

200005449532-8

05/03/02-01036-027

\*\*\*\*308.75 \*\*\*\*308.75

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

Delores Christopher

Date

REGISTERED AGENT MUST SIGN

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
PRES	DELORES CHRISTOPHER	3300 SW 11TH ST	DEERFIELD BCH FL 33442
VP	SPENCER CHRISTOPHER	3300 SW 11TH ST	DEERFIELD BCH FL 33442

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)(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:

Delores Christopher Delores Christopher 4-11-02 954-975-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)