

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 10000002321

1. Corporation Name  
SHALIMAR GARDENS APTS, INC.

2. Principal Office Address  
100 8TH AVE.  
SHALIMAR, FL. 32579  
Suite, Apt. #, etc.

City & State  
SHALIMAR, FL.

Zip Country  
32579 USA

3. Mailing Office Address  
574 GRAMERCY DRIVE  
M  
Suite, Apt. #, etc.

City & State  
MARIETTA, GA.

Zip Country  
30068 USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified  
To Do Business in Florida 2/21/2000

5. FEI Number 582527939  
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  
J. SHARP GILLESPIE JR

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

100 8TH AVE.

Suite, Apt. #, Etc.

City  
SHALIMAR,

State  
FL

Zip Code  
32579

300052180913  
04/27/05--01004--007 \*\*450.00

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 J. Sharp Gillespie Jr  
REGISTERED AGENT MUST SIGN

Date 3/25/05

**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.	J. SHARP GILLESPIE JR	100 8TH AVE.	SHALIMAR, FL. 32579

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:

J. Sharp Gillespie Jr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/05

Date

(678) 560-1065

Daytime Phone #

CR2E081 (01/05)

2012



3/25/05

To Whom it may concern:

I am requesting a waiver of the corporate reinstatement fee. The notices were never received.

Sincerely,  
J. Shang Gilkey  
Pres.

P.S. Please let us know if there is any additional information that needs to be filed. Please also note the new mailing address. I have enclosed the Annual Report fees & Corporate Supplemental fees for 2003, 2004 & 2005.