

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
The Office of the
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F44901

1. Corporation Name

A & A SHANNON ENTERPRISES, INC.

Principal Place of Business

Mailing Address

744 NORTH ANDREWS AVENUE
FT LAUDERDALE FL 33311

P.O. BOX 25580
TAMARAC FL 33320

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

09/16/1981

5. FEI Number

59-2209339

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	MARTIN, GEORGE P	744 N. ANDREWS AVENUE	FT. LAUDERDALE FL 33311
VT	MARTIN, ELIZABETH A	744 N. ANDREWS AVENUE	FT. LAUDERDALE FL 33311

8. Name and Address of Current Registered Agent

MARTIN, GEORGE P
744 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

Date

10/18/00

REGISTERED AGENT

11. 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.

KE

SIGNATURE:

Elizabeth A Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elizabeth Martin

10/18/00
Date

954 523-8505
Daytime Phone #

CR2E040 (8/00)

add

10/18/00

Il. Dept. of State

I just received a pamphlet
Notice of Administrative Dissolution or
Revocation. Call my accountant & he
said he never saw it & I send
him everything as soon as I get
it. I honestly do not believe I ever
received my renewal or any other
notices. I called your office this
date & was told to write this
letter fill out reinstatement form &
send a check for \$150. If there
is any question or problem my
work # is 954 523-8505.

Thanking you in advance.

Elizabeth Martin
Vice President
Treasurer.