

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 APR 22 AM 9:00

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *F82818*

1. Corporation Name

Shandon, Inc.

2. Principal Office Address - No P.O. Box #

1616 SW 31st Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

City & State

Ocala FL

Zip

Country

Zip

Country

34474

USA

Same

700246804677
04/15/13--01012--017 **2550.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/1982

5. FEI Number

59-2236802

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

Grover A Smith

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

739 E Silver Springs Blvd

Suite, Apt. #, Etc.

#203

City

Ocala

State

FL

Zip Code

34470

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

X Grace V. Smith

REGISTERED AGENT MUST SIGN

Date *4-9-13*

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
P.D	<i>Grace V Smith</i>	<i>1616 SW 31st Avenue</i>	<i>Ocala FL 34474</i>
T.S	<i>Kimberly M Smith</i>	<i>1616 SW 31st Avenue</i>	<i>Ocala FL 34474</i>

REINSTATEMENT

APR 22 2013

R. HUNT

10. E-mail Address:

grace.smith.243@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

X Grace V. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-9-13

Daytime Phone #