

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 12 AM 11:38

DOCUMENT # **G18072**

1. Corporation Name

SHUMATE BROKERAGE CORPORATION

2. Principal Office Address

1918 W. CASS ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 18006

Suite, Apt. #, etc.

City & State

TAMPA, FL 33606-1232

City & State

TAMPA, FL

Zip

33606-1232

Country

USA

Zip

33679

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-7-1983

5. FEI Number

59-2249094

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

V. Brent Shumate

400036968674

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

1918 W. CASS ST.

05/20/04--01061--031 **2558.75

Suite, Apt. #, Etc.

City

TAMPA, FL

State

FL

Zip Code

33606-1232

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

Date **5-5-04**

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
C, D	Victor W. Shumate	1918 W. Cass St., Tn	Tampa, FL 33606
D	Ruth M. Shumate	1918 W. Cass St.	Tampa, FL 33606
P, O	V. Brent Shumate	1918 W. Cass St.	Tampa, FL 33606

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. Brent Shumate, Pres. 5-5-04 813-254-7681

Date

Daytime Phone #

CR2ED81 (01/04)

5/12 AD