

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 14 AM 10:04

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H00627**

1. Corporation Name
SHORELAND DEVELOPMENT, INC.

REINSTATEMENT 11-12

2. Principal Office Address - No P.O. Box #
1576 SHORELANDS DR. E.

3. Mailing Office Address
P.O. Box 64-4059

200245074342
02/26/13--01004--010 **758.75

CR2E081 (11/10)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

Zip
32963

Country
USA

Zip
32964

Country
USA

4. Date incorporated or Qualified
To Do Business in Florida

APRIL 25, 1984

5. FEI Number
59-2399271

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
PLEASE SEND

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ROGER O. WHEELWRIGHT

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

Suite, Apt. #, Etc.

VERO BEACH

State
FL

Zip Code
32963

REINSTATEMENT 12-13

200245074342
03/14/13--01037--008 **150.00

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 **Roger O. Wheelwright**

Date **02/15/13**

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
PTS	ROGER O. WHEELWRIGHT	1576 SHORELANDS DR E VERO BEACH, FL 32963	VERO BEACH, FL 32963
D	CATHY WHEELER	1402 GLEN RD.	WEST PALM BEACH, FL 33406
D	LISA DAETWYLER	1062 WEST SHORE DRIVE	WEST PALM BEACH, FL 33406
D	RICHARD WHEELWRIGHT	107 SE ASHLEY OAKS DR	STUART, FL 34997

MAR 19 2013

10 E-mail Address: **SHORELANDS1RW@AOL.COM**

(To be used for future annual report notification)

T. CAULEY

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: **Roger O. Wheelwright PRES.**

02/15/13 772-231-2059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #