



FLORIDA DEPARTMENT OF STATE Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

•	
Ī,	Name and Mailing Address
	of Limited Liability Company

DOCUMENT #

H16585

97 DEC 19 AM 9: 20

1a. Principal Place of Business Address

Shadow Enterprises, Inc HII so rederal they Roundon Breach, F1 33435

ľ	soynton Drawo, 1-1 3					
	mailing address is incorrect in any way. Iline throu al Place of Business	2a. Ma ling Address		3. Date Organize	d or Qualified	3a. State of Formation
411 Suite, Apt	So Federal Huy	411 So Tedero-	l Hwy	1984		Floriday
001107717				4. FETNumber		Applied For
City & Sta		City & State		59-244	5610	Not Applicable
Boy	ndom Beach Fic	· He Boyndon Beach		5. Date of Last Report		6. Certificate of Status Desired
	·	33435-1931 P		1996		\$8.75 Additional Fee Required
	7. Name and Address of Current R	egistered Agent		8. Name and Addre	ss of New Re	gistered Agent
c	hristopher P. Korb		Name Chu's 60 Street Address (P	dopher F O. Box Number is	. Korb Not Acceptab	le)
	11 So. Federal Hwy	411 So Federal they				
1	Boyndon Black, Fi	33435-1931	Suite, Apt. #, etc.		·	
	ı		City Boxyn	iton Black	C FL	21p Code 33435=1931
9. I, being Signature Registere		ve named limited liability company	, am familiar with ar			15/97
10. Title	Managing Members/Managers	Busine	ss Street Address			ty, State & Zip Code
PD	Korb, Christophe,	P. 411 30 R. 411 SO	Federal	Hwy	•	on Black, F/334
D	Korb, Christophe, Korb, Saches 1	R. 411 50	Federal	Hwy	Boynd	on Beach, F1 334.
				60	-12/24	3826963 79701084014 65.00 ****165.00

11. Lordify that Lam managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. Hurther certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, f.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

Managing Member/Manager Sache-

Typed or printed name of signing Managing Member/Manager

Date 12/15/47

Daytime Phone # 56/ 736-1530

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A HOME SERVICE VACUUM CLEANERS AND JANITORIAL SUPPLIES

Vacuums • Floor Machines • Carpet Extractors • Sales • Service • Parts

Janitorial Supplies • Cleaning Chemicals • Mops • Buckets • Brooms • Brushes • Paper Goods • Can Liners

December 15, 1997

To: Amy Allen

Fr: Sacha R. Korb

On October 27, 1987, I wrote a letter of explanation of my error in filing late. (See letter enclosed). On November 3rd, I was sent all my information back because I forgot to sign my name. I received the information back for a third time on November 20th, because the form had our old address on it. It was at this time I called your office and spoke with you to make sure I didn't make any more mistakes that I found out that I need to fill out the enclosed form for Shadow Enterprises, Inc.

Enclosed is the completed form for Shadow Enterprises, Inc. as requested along with a check for \$165.00, the corrected address for A Home Service Vacuum which you already received and deposited my \$50.00 check. Please abate the Reinstatement Fee and the Corporate Supplemental fee. Thank you for your help over the phone and your consideration in this matter.

Sincerely,

Sacha R. Korb

Sache R. Korl



10/27/97

To: Secretary of State

From: A Home Service

We are very sorry this renewal fee was not paid. We changed our computer program and in the confusion of changing things this invoice got misplaced and was not entered into our new program. Historically we have paid this on time. It just got by us as an over sight. Would you please abate the Reinstatement Fee and the Corporate Supplemental fee. Thank you for your Condsideration.

Sacha Korb