

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 OCT 30 AM 9:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **J13954**

1. Corporation Name
SHILO ENTERPRISES, INC.

Principal Place of Business
**7300 FRONTAGE ROAD
 MONROE LA 71202**

Mailing Address
**7300 FRONTAGE ROAD
 MONROE LA 71202**



REINSTATEMENT 97

J 10/31

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/13/1986	
City & State		City & State		5. FEI Number	
Zip		Country		59-2949493	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	PIERSON, ROBERT D.	605 SOUTH LOUISA ST	RAYVILLE LA 71269
ST	TAYLOR, ANNE M	605 SOUTH LOUISA ST	RAYVILLE LA 71269

500002338085--5
 -11/04/97-01088-013
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURATIDES, JOHN
 SUITE 3300
 1 TAMPA CITY CENTER
 TAMPA FL 33601

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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 *John Muratides*
 REGISTERED AGENT MUST SIGN

Date 10/27/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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: *June M. Sawyer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97 (318) 843-8672
 Date Daytime Phone #

CR2E040 (8/97)