

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF
DIVISION OF CORPORATIONS

09 MAY -7 PM 12: 01

REINSTATEMENT 08-09 88M
200145991512
03/17/09--01010--013 **250.00

CR2E081 (12/08)

DOCUMENT # L06000065443

1. Corporation Name

SHANNON CLARK ENTERPRISES, LLC.

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

2431 GOLFVIEW DRIVE

3. Mailing Office Address

2431 GOLFVIEW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

Zip

32003

Country

USA

Zip

32003

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/28/2006

5. FEI Number
20-5117823

☒ 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

SHANNON CLARK

Street Address (P.O. Box Number is Not Acceptable)
2431 GOLFVIEW DRIVE

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32003

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

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
MGRM	SHANNON CLARK	2431 GOLFVIEW DRIVE	ORANGE PARK, FL 32003
MGR	WILLIAM CLARK	2431 GOLFVIEW DRIVE	ORANGE PARK, FL 32003

200145991512
04/30/09--01002--030 **27.50

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 contained in Chapter 119, 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:

William Clark

MGRM

3-13-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2. 14047