PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	
REINDALEMENT	7
REINSTATEMENT	The state of the s

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

L08834

1. Corporation Name

SHANE AND ASSOCI	IATES	. INC.
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Principal Place of Business

Mailing Address

29251 US HWY 19 N

29251 US HWY 19 N





CLEARWATE	R FL 33761		CLEARWATER	FL 33761				
		incorrect in any way, line th	rough incorrect in	nformation a	and enter correction below.	;		
New Principal Office Address, If Applicable 3. New Mai		3. New Maili	iling Office Address, If Applicable			4. Date incorporated or Qualified To Do Business in Florida 08/10/1989 5. FEI Number Applied For		
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #,	#, etc.		5. FEI Numbe			
City & State	9		-City & State		-	-	59-2963780	- Not Applicable
Zip		Country	Zip		Country	6. CERTIFICAT		75 Additional Fee required or a Certificate of Status
7. Names a	and Street Ad	dresses of Each Officer and	l/or Director (Flo	rida nonprof	fit corporations must list at l	east 3 directors)		
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Ea Officer and/or Direct		City / St	ate / Zip
PTS			1504 LAGO VISTA BLVD		PALM HARBOR FL 34685			
				,,,		41	0004659 -10/30/010 ****150.00	5944 1077016 ****150,00
								121000
	8. Nam	ne and Address of Current	Registered Age	nt	<u></u>	9. Name and Address of New Registered Agent		
SHANE, GLENN B 3000 RED OAK COURT #5-102 1504 LAGO VISTA BLVD PALM HARBOR FL 34685			1504 Suite, Apt. #, Et	(P.O. Box Number LA60	S HAVE is Not Acceptable) VISTA BL			
10. 1, being	appointed the	e registered agent of the ab	ove named corpo	ration, am f	Cj ^y ALM amiliar with and accept the	HARBO I		Zip Code 85
Signature of Registered	,,	gu ?	Sup 6				Date	<u>~-01</u>
this rein	statement app	officer or director or the rece	eiver or trustee en solution has been	npowered to eliminated,	execute this application as the corporate name satisfie	s the requirements	apter 607 or 617, F.S. I further of section 607.0401 or 617.0-	

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIR

Date Davigne Phone #

TO Whom it may Concern, I am writing this better as a small business owner and an ontroyed citize of Florida I have been President of Shane & Associates, The there been trenden y swamp since inceptum in 1989 and always paid my fews (as they here risen) and been tin good starding with the State of Florida. to the state sending me this linterhidating from telling we that my small business is being dissolved Had t received it I would have paid like I always do when I look at the form and true and get reinstated, I realize that you are charging 4 times the normal fees and 2 times what it cost to incorporate. So here we are in the most difficult of economic times and the state of Worda is hammering businesses that are trifing to weather the storm If I did not know any better, I would think, based on fee's that you are trying to fee us out or flexible. Shese are the times to be more understanding and help the businesses that are employing people and helping our economy.
Had I been notified, I would have gladle paid the Bill. It is anaging that the hotice got here, but not the renewal form and now it seems to be late. I would like you to Ton not looking for a hee Luvely just to be freated fairly at a very difficult tome. I look forward to your response CC. Katheing Harris JEB BUSH