

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L41572**

1. Corporation Name

**SHAUGHNESSY HART & ASSOCIATES, INC.**

Principal Place of Business

2545 COOLIDGE AVENUE  
ORLANDO FL 32804  
US

Mailing Address

% SHAUGHNESSY HART  
2701 ARDSLEY DR  
ORLANDO FL 32804

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Is the corporation qualified  
To Do Business in Florida

01/03/1990

5. FEI Number

59-2984878

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPTS	HART, SHAUGHNESSY S.	2701 ARDSLEY PL	ORLANDO FL
D	HART, BURCH D.	2701 ARDSLEY PL	ORLANDO FL

600024330396  
10/31/03--01032--015 \*\*150.00

8. Name and Address of Current Registered Agent

HART, SHAUGHNESSY  
2701 ARDSLEY DR  
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Shaughnessy Hart*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

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., 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:

*Shaughnessy Hart*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-1-03 4078432012

CR2E040 (7/03)

**Shaughnessy Hart & Associates, Inc.**  
**2545 Coolidge Avenue**  
**Orlando, FL 32804**

October 28, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

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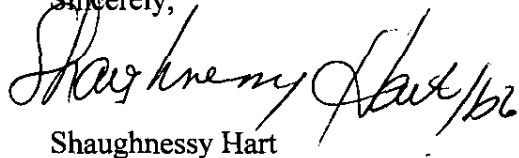
To Whom It May Concern:

Please find enclosed the application for reinstatement along with a check made payable for \$150 which was the original filing fee. I have a need to maintain this corporation and it was under hardship circumstances that this corporation's filing lapsed.

First of all, this is the first notice I received of the return not being filed. Had I not been the caretaker of both my mother and father during the year I may have realized this form had not been filed, however, both my parents passed during this period and this form was overlooked. It would be an extreme hardship on me to pay the reinstatement fee and I am asking you abate the additional penalty due to these circumstances.

Please let me know the status of my corporation and I thank you in advance for your help and understanding.

Sincerely,



Shaughnessy Hart