

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
FILED

98 AUG 20 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

119535

1. Corporation Name

SHUGON, INC.

Principal Place of Business

Mailing Address

7300 E. CYPRESSHEAD DRIVE  
PARKLAND, FL 33067

REINSTATEMENT 97-98

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

AUGUST 19, 1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2433897

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	TOM THOMPSON	7300 E. CYPRESSHEAD DR	PARKLAND, FL 33067
V/S	JOAN THOMPSON	7300 E. CYPRESSHEAD DR	PARKLAND, FL 33067
T	TARA THOMPSON	7300 E. CYPRESSHEAD DR	PARKLAND, FL 33067
			800002624658--9 -08/25/98--01055--022 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HELLER, BARRETT CORPORATE SERVICES  
1214 N. UNIVERSITY DR.  
PLANTATION, FL 33322

Name

JOAN THOMPSON

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

7300 E. CYPRESSHEAD DRIVE

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33067

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

JOAN THOMPSON  
REGISTERED AGENT MUST SIGN

Date

AUGUST 18, 1998

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN THOMPSON

AUGUST 18, 1998

Date

Daytime Phone #

951-344-8478