

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 SANDY B. MORTHAM
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name **SHAKESPEARE AND COMPANY, INC.**

FILED

97 APR 11 AM 9:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
TN
 Mailing Address
**694 SHERMAN PL
 Kingsport, TN 37660**

SH 4/14

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. N/A City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. N/A City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 1989	
				5. FEI Number 65-0149217 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

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
CEO DIRECTOR	ROBERT DAIVISON	694 SHERMAN PL. KINGSFORT TN 37660	KINGSFORT, TN 37660
PRES DIRECTOR	JAMES E VENABLE	2412 N. J.B. DEANUS HWY	KINGSFORT, TN 37660
SECRET DIRECTOR	TODD A. CRAFT	17572 LEE HIGHWAY	ABINGDON, VA 24210
			700002143637--6 -04/15/97--01061--005 ****612.50 ****612.50

8. Name and Address of Current Registered Agent

ROBERT DAIVISON
 694 SHERMAN PL
 KINGSFORT, TN 37660

9. Name and Address of New Registered Agent

Name **BLANKENHORN**
 Street Address **1115 STATE STREET PLACE**
 Suite, Apt. #, Etc. **N/A**
 City **ENAMERS** State **FL** Zip Code **33905**

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

Michael Moran
 REGISTERED AGENT MUST SIGN

Date **3/28/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 re-statement 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:

Robert Davison **Robert Davison** **3/28/97** **423 392 9762**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)