

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Matthew R. Harrison
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 21 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003046

1. Corporation Name

SACRED SHELTERS, INC.

Principal Place of Business

10704 FERN HILL DR.
RIVERVIEW FL 33569

Mailing Address

10704 FERN HILL DR.
RIVERVIEW FL 33569



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. Date Incorporated or Qualified
To Do Business in Florida

05/26/1998

5. FEI Number

59-3515051

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	SPITLER, LINDA S	10704 FERN HILL DR.	RIVERVIEW FL 33569
DVS	SPITLER, DANNY L	10704 FERN HILL DR.	RIVERVIEW FL 33569
D	PROPHET, JOHNNIE O	609 GREEN COVE DR.	BRANDON FL 33510

8. Name and Address of Current Registered Agent

SPITLER, LINDA S
10704 FERN HILL DR.
RIVERVIEW FL 33569

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.

Signature of
Registered Agent

Linda Spitler
REGISTERED AGENT MUST SIGN

Date 12-7-99

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:

Linda Spitler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-7-99

Daytime Phone #

KE

**SACRED SHELTERS INC.,
10704 FERN HILL Dr.
RIVERVIEW, FL. 33569
813-671-2537 OFFICE**

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Florida Department of State
Kathren Harris
Secretary of State.

Dec. 14, 1999

Sacred Shelters Inc.,
Ref. Number: N980000033046

To whom It May concern,

Per conversation with your office about the notice of administrative dissolution or revocation.

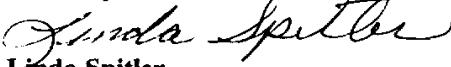
This letter is a written request that reinstatement be done on Sacred Shelters. Please find the letter and the copy of the answered request sent to your office dated 5-3-99.

At that time you were sent the FEI number you asked for. # 59-3515051. We ask that all fines or fees be waved as the monies were sent at the time of filing and the check was cashed.

We are sending you copies of our nonprofit corporation annual report for 1999 that was sent to you on 5-3-99. Along with the copy of the cashed check.

We sincerely hope that this will clear up any and all problems you may have. If you need to talk with us you may contact us at the above address or phone.

Sincerely,



Linda Spitler
President of Sacred Shelters