

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003924

1. Corporation Name

SHOSHANNAH ARTS, INC.

Principal Place of Business

11760 MARCO BEACH DR.  
10  
JACKSONVILLE FL 32224

Mailing Address

11760 MARCO BEACH DR.  
10  
JACKSONVILLE FL 32224

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

07/02/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

59-3525957

Applied For

Not Applicable

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	City / State / Zip
D	BOWSER, COURTNEY C	11760 MARCO BEACH DR. #10	JACKSONVILLE FL 32224
D	CHASTANG, VICKI G	11760 MARCO BEACH DR. #10	JACKSONVILLE FL 32224
D	CHASTANG, GRAYLIN N	11760 MARCO BEACH DR. #10	JACKSONVILLE FL 32224
D	CHASTANG, G C	11760 MARCO BEACH DR. #10	JACKSONVILLE FL 32224
			700008634917 10/28/02--01111--032 **61.25
			700008634917 11/14/02--01033--002 **175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHASTANG, VICKI G  
11760 MARCO BEACH DR. STE. 10  
JACKSONVILLE FL 32224

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

*Vicki G. Chastang*  
REGISTERED AGENT MUST SIGN

Date 10/24/02

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:

*Vicki G. Chastang*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02  
Date

(904) 996-8777  
Daytime Phone #

CR2E040 (8/02)