

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 29 PM 4:00

**DOCUMENT #** P00000011248

**1. Corporation Name**

Shades Talent & Modeling Agency Inc.

**2. Principal Office Address**

770 Claughton

**3. Mailing Office Address**

P.O. Box 472285

Suite, Apt. #, etc.

Dr. #1713

Suite, Apt. #, etc.

**City & State**

Miami, Florida

**City & State**

Miami, Florida

**Zip**

33131

**Country**

USA

**Zip**

33247

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/02/00

**5. FEI Number**

65-0976411

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Derwin L. Jones

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

8625 NW 24th Avenue

**Suite, Apt. #, Etc.**

**City**

Miami

**State**  
FL

**Zip Code**

33147

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of  
Registered Agent**

*Derwin Jones*

REGISTERED AGENT MUST SIGN

**Date** 03/27/02

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Marsha Davis	816 longleaf pine ct	Orlando, FL 32825
VP	Derwin L. Jones	8625 NW 24th Ave	Miami, FL 33147

**10. 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:**

*Derwin Jones* Derwin Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

3/27/02

**Daytime Phone #**

305-576-0041

CR2E061 (9/01)

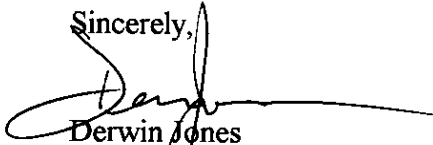
March 27, 2002

To whom it May concern,

Shades Talent And Modeling Agency Inc, Moved from our 10307 SW 20<sup>th</sup> Street  
Miramar, Fl address, to 2125 Biscayne Blvd #570 Miami Fl 33137 Approximately  
-03/2000. Therefore the Uniform Business report was not received. We asked that a  
waiver of the late fees be granted and a reinstatement issued with our new information.  
Enclosed is a check for 2001,2002 (UBR)

Thank you for your consideration in this matter,

Sincerely,



Derwin Jones

VP Shades Talent & Modeling Agency, Inc.  
305-576-0041