

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 JUL 30 AM 11:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

P 00000023994

1. Corporation Name

THOMAS L. SHONACKER DOS PA

REINSTATEMENT

CR2E081 (1/07)

01-07

2. Principal Office Address - No P.O. Box #

1678 WEST BAY DR.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO, FLORIDA

City & State

~~FL~~ ~~33770~~

Zip

33770

Country

USA

Zip

~~33770~~

Country

4. Date Incorporated or Qualified To Do Business in Florida

3/00

5. FEI Number

592755486

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

THOMAS L. SHONACKER

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

1678 WEST BAY DR.

Suite, Apt. #, Etc.

City

LARGO

State
FL

Zip Code

33770

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Thomas L. Shonacker

Date 6/13/07

REGISTERED AGENT MUST SIGN

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
DR.	THOMAS L. SHONACKER	1678 WEST BAY DR.	LARGO, FL, 33770

700106082827
07/30/07--01054--012 **600.00

700106082827
07/13/07--01057--011 **1050.00

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 contained in Chapter 119, 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:

Thomas L. Shonacker
THOMAS L. SHONACKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/2007

Date

777
585-7439

Daytime Phone #