

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 OCT -4 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000065666**

1. Corporation Name

**Shadrach Enterprises, Inc.**

400041815624  
10/12/04--01035--025 \*\*450.00

2. Principal Office Address

**2960 CONROY ROAD**

Suite, Apt. #, etc.

3. Mailing Office Address

**2960 CONROY ROAD**

Suite, Apt. #, etc.

City & State

**MALABAR FLORIDA**

City & State

**MALABAR FLORIDA**

Zip

**32950**

Country

**BRITAIN**

Zip

**32950**

Country

**BRITAIN**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/5/00**

5. FEI Number

**593660922**

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

**JOHN D HARRIS**

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

**2960 CONROY ROAD**

Suite, Apt. #, Etc.

City

**MALABAR**

State

**FL**

Zip Code

**32950**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**9/30/2004**

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
<b>PRES</b>	<b>JOHN D HARRIS</b>	<b>2960 CONROY ROAD</b>	<b>MALABAR FL 32950</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN D HARRIS**

Date

**9/30/2004 3215446124**

Daytime Phone #

CR2E081 (01/04)

FILED

2072

**Shadrach Enterprises, Inc.**

**2960 Corey Road  
Malabar, FL 32950**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 30, 2004

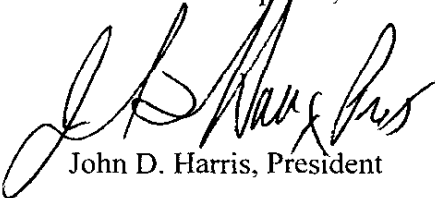
To Whom It May Concern:

Please let this letter serve as notice that we did not receive our annual report form for 2002, 2003 or 2004. Enclosed with this letter please find our executed Reinstatement Form along with a check in the amount of \$450.

Thank you.

Sincerely,

Shadrach Enterprises, Inc.



John D. Harris, President