


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

01503 UBR

FILED

03 MAR 26 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000115023**

1. Corporation Name

Shad Sanders Painting, Inc.

2. Principal Office Address

1323 NE 34th Street

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 2438

Suite, Apt. #, etc.

City & State

Ocala Florida

City & State

Silver Springs FL

Zip

34479

Country

marion

Zip

34489

Country

marion

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-01

5. FEI Number

59-3689455

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

5/5/03 91928025150.00

7. Name and Address of Current Registered Agent

Name

Shad Sanders

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

1323 NE 34th ST

Suite, Apt. #, Etc.

City

Ocala

600014695626

03/26/03--01006--017 **300.00

State

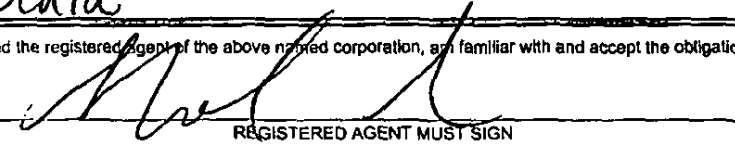
FL

Zip Code

34479

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



REGISTERED AGENT MUST SIGN

Date **3/19/03**

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
Pres	Shad Sanders	1323 NE 34th Street	Ocala Florida 34479

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

Date

3/19/03

Daytime Phone #

CR2E081 (10/02)

27 3/31

Shad Sanders Painting, Inc.
PO BOX 2438
Silver Springs, FL 34489-2438
352-351-9240
Fax 352-732-3380

March 19, 2003

To who this may concern:

The business was initially incorporated with the State on January 1st, 2001. When we prepared our 2001 Corporation taxes in March of 2002, our CPA asked for proof of the Corporation and was provided to her. However, we were not aware of the annual Corporation renewal fees. When preparing for 2002 Corporation taxes, our CPA informed us that we did not renew for 2002.

I then contacted the Department of State to discuss this issue. The lady I spoke with informed us that a renewal notification form was returned to your office. The business was moved in March of 2001 from 3833 NE 4th Street, Ocala, FL 34470 to 1823 NE 34th Street, Ocala, FL 34479 with a mailing address of PO BOX 2438, Silver Springs, FL 34489-2438. I am not sure when the notifications were issued, but chances are it was not forwarded to the new address.

Please make the necessary address changes to the PO BOX 2438, Silver Springs, and FL 34489-2438 to assure receipt of mail.

Enclosed is a check in the amount of \$300 to cover 2002 and 2003 Corporation fees. I apologize for the inconvenience.

Thank You in Advance,



Shad Sanders
Shad Sanders Painting, Inc.