

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAY -2 AM 9:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PO1000020243

1. Corporation Name

SIOBHAN, SEAN + SHANNON ENTERPRISES, INC.

REINSTATEMENT 02-03

100015315641
04/04/03--01041--016 **750.00

2. Principal Office Address

4301 Ocean Beach Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

SAA

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

City & State

Zip

32931

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/31/2001

5. FEI Number

59-3699784

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

J. Patrick Anderson

100015315641

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

930 S. Harbor City Blvd

05/02/03--01104--001 **150.00

Suite, Apt. #, Etc.

505

City

Melbourne

State

FL

Zip Code

32901

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

3/11/03

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 | Thomas P. Keenan III | 221 Arthur Ave # 3 | Cocoa Beach FL 32931 |
| Secy | Thomas P. Keenan III | 221 Arthur Ave # 3 | Cocoa Beach FL 32931 |
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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

2/25/03

Date

321 799-2577

Daytime Phone #

CR2E081 (9/01)