

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-21

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02 03 03 WEP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 AM 9:06

DOCUMENT # P01000024577

1. Corporation Name

MADE IN THE SHADE, INC.

2. Principal Office Address

23701 SW 132 AVE

3. Mailing Office Address

23701 SW 132 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PRINCETON, FL

City & State

PRINCETON, FL

Zip

33032

Country

Zip

33032

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

TERESA W HOLLAND

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

23701 SW 132 AVENUE

Suite, Apt. #, Etc.

800018470548

05/07/03--01122--017 **300 00

City

PRINCETON

State

FL

Zip Code

33032

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

Teresa W Holland

Date **01/14/03**

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
PD	TERESA W HOLLAND	12701 SW 132 AVE	PRINCETON , FL 33032

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:

Teresa W Holland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03


Date

305 258-3383

Daytime Phone #

CR2E081 (10/02)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024577 <small>1. Entity Name</small> <p style="text-align: center;">MADE IN THE SHADE, INC.</p>	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 23701 SW 132 AVE <small>Suite, Apt. #, etc.</small>	3. Mailing Address 23701 SW 132 AVE <small>Suite, Apt. #, etc.</small>
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DO NOT WRITE IN THIS SPACE

<small>City & State</small> PRINCETON, FL	<small>City & State</small> PRINCETON, FL	4. FEI Number	<input checked="" type="checkbox"/> <small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
<small>Zip</small> 33032	<small>Country</small>	<small>Zip</small> 33032	<small>Country</small>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent	
<small>Name</small> TERESA W HOLLAND	
<small>Street Address (P.O. Box Number is Not Acceptable)</small> 23701 SW 132 AVENUE	
<small>City</small> PRINCETON	<small>State</small> FL
	<small>Zip</small> 33032

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

01/14/03

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) _____ DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	PRESIDENT TERESA W HOLLAND 23701 SW 132 AVENUE HOMESTEAD, FL 33032	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	DO NOT WRITE IN THIS SPACE
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Teresa Holland* _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

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Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 323114

January 14, 2003

RE: Made in the Shade, Inc.
Document Number P01000024577

To whom it may concern,

I am requesting a reinstatement my Corporation "Made in the Shade, Inc." that was administratively dissolved in 2002. I have enclosed a check in the amount of \$300.00 for the 2002 and 2003 fees. I have never received a Corporation package in the mail. I tried to open a checking account and the bank told me that the Corporation had been dissolved. I am requesting a waiver of penalties since I did not receive the information in the mail.

Thank you in advance.

Sincerely,



Teresa W Holland
23701 SW 132 Avenue
Princeton, FL 33032