

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000029203

1. Corporation Name

SHAW ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place of Business

2485 NW 26 AVE  
FT LAUDERDALE FL 33311

Mailing Address

2485 NW 26 AVE  
FT LAUDERDALE FL 33311

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/21/2001

5. FEI Number

65-1097255

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



900009529049

12/16/02--01085--025 \*\*600.00

FILED

02 DEC 17 AM 10:44

CLERK OF STATE  
TALLAHASSEE, FLORIDA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHAW, WALTER	2485 NW 26 AVE	FT LAUDERDALE FL 33311

8. Name and Address of Current Registered Agent

SHAW, WALTER  
2485 NW 26 AVE  
FT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Walter Shaw*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11/31/02

11. 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:

*Walter Shaw*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/31/02

Daytime Phone #

CR2040 (8/02)

2052

**SHAW ENTERPRISES OF SOUTH FLORIDA, INC**

2485 NORTHWEST 26<sup>TH</sup> AVENUE  
FORT LAUDERDALE, FLORIDA  
33311

December 13, 2002

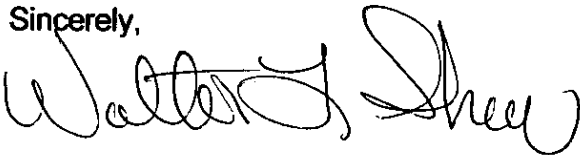
Florida Department of State

Dear Sir or Madam:

This letter is written as a request for corporation reinstatement and for waiver of the reinstatement fee. In accordance to your reinstatement packet information if the corporation did not receive the two prior notices of uniform business reports we could make this request, given that this is the situation we request the following; that the corporation as named above be reinstated under document # P01000029203. As instructed we have included a check in the amount of \$600.00 and we have taken the liberty not to include the \$150.00 reinstatement fee. We trust that this is satisfactory and that we can continue to do business within the state of Florida under the above name.

Should you have any questions or require any additional information please contact the company secretary, Kassandra Barnes at 954-829-0072.

Sincerely,



Walter L. Shaw  
Director/Registered Agent