

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000042373

1. Corporation Name

SHENA INC.

FILED

03 DEC 23 AM 11: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**489 DAVENTRY SQ
PALM HARBOR FL 34683**

Mailing Address

**489 DAVENTRY SQ
PALM HARBOR FL 34683**



400025734634

12/23/03--01056--001 **150.00

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

04/25/2001

5. FEI Number

59-3712711

Applied For

Not Applicable

6. ☐ CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

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	MCAVOY, LEONARD	489 DAVENTRY SQ	PALM HARBOR FL 34683

REINSTATEMENT

8. Name and Address of Current Registered Agent

**MCAVOY, LEONARD
489 DAVENTRY SQ
PALM HARBOR FL 34683**

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

Leonard McAvoy

REGISTERED AGENT MUST SIGN

Date

12-18-03

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:

Leonard McAvoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-03

Date

Daytime Phone #

727-7847830

CR2E040 (7/03)

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December 18, 2003

Department of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl 3214-6327

REF: SHENA INC.
489 Daventry Sq.
Palm Harbor, FL 34683
FEI No.: 59-3712711

To whom it may concern;

I just found the enclosed document two days ago when I traded my car and found it in the glove box. The reason this occurred is because my wife normally takes care of these things and she was taken ill a number of months ago and apparently gave me this to do. I must have put it in the car to take to the office and forgot completely about it. And during the period to date I have not received any other notification or I would have taken care of it then. In view of the circumstances I respectfully request you waive the late fees and accept my \$150 application fee enclosed.

Thank you for your consideration.

Signed:



Lenny McAvoy
Shena Inc.