

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 24 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000064828**

1. Corporation Name

L Z SHADOW, INC.

2. Principal Office Address

22296 NW 75TH AVE-RD.

Suite, Apt. #, etc.

3. Mailing Office Address

22296 NW 75TH AVE-RD

Suite, Apt. #, etc.

City & State

MICANOPY, FL

City & State

MKANOPY, FL

Zip

32667

Country

USA

Zip

32667

Country

USA

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

6-29-01

5. FEI Number

74-3031985

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

JOHN P SILBERMAN

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

22296 NW 75TH AVE-RD.

Suite, Apt. #, Etc.

000024098450

10/24/03 01075 085 **150.00

City

MICANOPY

State

FL

Zip Code

32667

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

John P Silberman

REGISTERED AGENT MUST SIGN

Date **10-21-03**

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
P/S/T/D	JOHN P SILBERMAN	22296 NW 75 TH AVE-RD.	MICANOPY, FL 32667

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:

John P Silberman

JOHN P SILBERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03

Date

352-591-2993

Daytime Phone #

CR2E081 (10/02)

72 10/25

L Z Shadow, Inc.
22296 NW 75th Avenue Road
Micanopy, FL 32667-7405
Voice 352-591-2993 Fax 352-591-5003

October 21, 2003

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

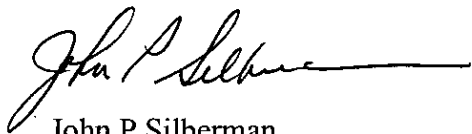
RE: Reference Number P01000064828
L Z Shadow, Inc.
Reinstatement Fee

To Whom It May Concern:

We are requesting a waiver of the \$600.00 reinstatement fee because the mailing address on our 2002 report was changed and accepted as filed on 6-18-2002, however it was not changed on the State's records. We therefore did not receive any UBR forms or notices.

If you have additional questions or need further information, please contact Fred Gordon or John Silberman at (352) 591-2993.

Sincerely,

A handwritten signature in black ink, appearing to read "John P. Silberman", with a long horizontal flourish extending to the right.

John P Silberman
President

Enclosures (2)