

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

02 NOV 14 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000104046

1. Corporation Name

CHAR SHAW ENTERPRISES, INC.

Principal Place of Business

396-C GOLFVIEW ROAD  
N. PALM BEACH FL 33408

Mailing Address

396-C GOLFVIEW ROAD  
N. PALM BEACH FL 33408

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

10/26/2001

5. FEI Number

☒ 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	SHAW, CHARLENE	396-C GOLFVIEW ROAD	N. PALM BEACH FL 33408

100008978911  
11/14/02--01010--003 \*\*150.00

8. Name and Address of Current Registered Agent

SHAW, CHARLENE  
396-C GOLFVIEW ROAD  
N. PALM BEACH FL 33408

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

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

11/5/02

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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/02

Daytime Phone #

CR2E040 (8/02)

20f2

*Kevin G. Reagan CPA*  
*112 Olympus Way*  
*Jupiter, Florida 33477*  
*561-745-7792*

November 5, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To whom it may concern,

Please find enclosed a copy of your "Certificate of Administrative Dissolution or Revocation" dated October 4, 2002, as well as a copy of a letter sent to the State with a copy of the return receipt which shows the State received the letter on September 19, 2002. In the September 14<sup>th</sup> letter, I informed the State that my client did not receive their annual report. I requested that the State please forward them a copy of the annual report form and to abate all penalties and interest. In the interim we received this later notice.

I am now enclosing the completed annual report form, which came with the "notice of dissolution, and a check payable to the State for \$ 150.00.

Once again I am requesting the State to abate all penalties and interest, process the enclosed form and reinstate the corporation.

I thank you in advance for your cooperation concerning this matter.

Sincerely,



Kevin G. Reagan CPA

Cc Charlene Shaw