

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 20 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000116270**

1. Corporation Name

SHAFDRAP MANAGEMENT, INC.

2. Principal Office Address

3100 University Boulevard, S.

3. Mailing Office Address

3100 University Boulevard, S.

Suite, Apt. #, etc.

Suite 230

Suite, Apt. #, etc.

Suite 230

City & State

Jacksonville

City & State

Jacksonville

Zip

FL

Country

32216

Zip

FL

Country

32216

4. Date Incorporated or Qualified
To Do Business in Florida

12/7/01

5. FEI Number

02-0538621

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

Frank J. Yong, Esquire

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

Cone & Yong, P.A. 701 Riverside Park Place

Suite, Apt. #, Etc.

Suite 110

City

Jacksonville

State

FL

Zip Code

32204

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

Frank J. Yong

REGISTERED AGENT MUST SIGN

Date **3/4/03**

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,D	Lee Draper	3100 University Blvd, S, Suite 230	Jacksonville, FL 32216
V,S,D,T	Charles Shoffner	2700 University Blvd., W, Suite A-2	Jacksonville, FL 32217

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:

Lee Draper, III

LEE DRAPER III

3-6-03

(904) 725-9226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2/3/21

LAW OFFICES

CONE & YONG, P.A.

701 RIVERSIDE PARK PLACE, SUITE 110
JACKSONVILLE, FL 32204

FRED M. CONE, JR.
FRANK J. YONG

March 7, 2003

TELEPHONE
(904) 355-1235
TELECOPIER
(904) 354-1747
E-MAIL
coneyong@
bellsouth.net

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

Re: Shafdrap Management, Inc.

Dear Sir or Madam:

Please find enclosed an original and one copy of a corporate reinstatement with respect to the referenced entity. Please file the original and return the copy to me with your date stamp to indicate your receipt. Also enclosed is a check in the amount of \$300.00 in payment of your fee for this filing.

Thank you for your assistance in this matter. Please do not hesitate to contact me should you have questions regarding this matter.

Very truly yours,



Kathleen M. Smith, CLAS
Certified Legal Assistant

/kms
Enclosures