

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 10 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000043040

1. Corporation Name

SHAUN L. PREACHER, INC.

2. Principal Office Address

1435 BUCKNOLL COVE

3. Mailing Office Address

1435 BUCKNOLL COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEPTUNE BEACH, FL

City & State

NEPTUNE BEACH, FL

Zip

32266

Country

USA

Zip

32266

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/2002

5. FEI Number

72-1524367

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

10/21/03 01052 028

\$150.00

Name

PREACHER, MARIE E.

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

1435 BUCKNOLL COVE

Suite, Apt. #, Etc.

City

NEPTUNE BEACH

State

FL

Zip Code

32266

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

Marie E. Preacher

REGISTERED AGENT MUST SIGN

Date 11/07/2003

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 |
|--------|--------------------------------------|---|-------------------------|
| PSTD | PREACHER, SHAUN L. | 1435 BUCKNOLL COVE | NEPTUNE BEACH, FL 32266 |
| V | PREACHER, MARIE E. | 1435 BUCKNOLL COVE | NEPTUNE BEACH, FL 32266 |
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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)(f), 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:

Marie E. Preacher

MARIE E. PREACHER

VICE PRESIDENT 11/07/2003 904-241-2533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SHAUN L. PREACHER, INC.
1435 BUCKNOLL COVE
NEPTUNE BEACH, FLORIDA 32266

November 7, 2003

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314

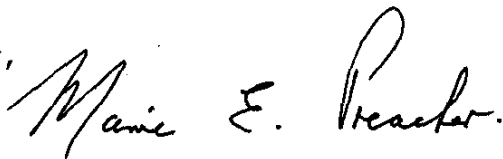
Re: Application for Reinstatement
Document #P02000043040

Dear Sir and/or Madam:

I am submitting your 2003 Application for Reinstatement. Full payment was previously submitted with an incomplete application, which was returned to us by your office. I am requesting you consider the following two factors as grounds for abatement of the penalties due to your reasonable cause and due diligence criteria. We did not receive any earlier notification for the Uniform Business Report and we rely on the services of a paid tax practitioner for all of our tax form preparation and filings.

Thank you for your prompt attention and consideration to this matter.

Sincerely,



Marie E. Preacher
Corporate Vice President