

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**  
**Oct 28, 2003 8:00 A.M.**  
 Secretary of State

DOCUMENT # P02000063782

1. Corporation Name

SHELCHDY CUSTOM REMODELING, INC.

Principal Place of Business

Mailing Address

304 MYRTLE DRIVE  
 NOKOMIS FL 34275-5228

304 MYRTLE DRIVE  
 NOKOMIS FL 34275-5228

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 03  
 MRD  
 06/10/2002  
 03-0457824  
 Applied For  
 Not Applicable  
 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BRANNON, ALBERT	304 MYRTLE DRIVE	NOKOMIS FL 34275
V	STOVER, SEAN F	406 EAST LAUREL ROAD	NOKOMIS FL 34275
V	HOWARD, GERALD	425B SHORE ROAD	NOKOMIS FL 34275
			000023750460 10/13/03--01065--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASWELL, CHRIS  
 2364 FRUITVILLE ROAD  
 SARASOTA FL 34237

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]*  
 REGISTERED AGENT MUST SIGN

Date

10-8-03

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-17-03

Daytime Phone #

541-809-6506

CR2E040 (7/03)

# SHEL CIDY

CUSTOM REMODELING, INC.



*Building On Integrity*

304 Myrtle Drive · Nokomis, FL 34275

www.shelcidy.com

(941) 488-0443

To: Glenda E. Hood  
Re: Uniform Business Report  
Date: October 9, 2003

Glenda,

This is my first year as corporation (FEI # 03-045 7824) and was not aware of the Uniform Business Report needing to be filed. I have moved twice this year and have had ~~problems receiving my mail. I have since moved back to the original place of business~~ address you have in your records now (304 Myrtle Dr Nokomis, FL 34275). I received my first notice, a Notice Of Administrative Dissolution Or Revocation on October 7, 2003 stating the minimum due was \$750.00. I am requesting you waive the late fees due to not receiving any other notices prior to this one. Enclosed is a check for the original fee of \$150.00. If you have any questions please feel free to call me. Thank You.

Sincerely,

Albert D Brannon Jr  
ShelCidy Custom Remodeling, Inc.