

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000064257

1. Entity Name
SHINN & ASSOCIATES, INC.



FILED

06 MAY 26 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
17 GOURDS COURT W
HOMOSASSA, FL 34446

Mailing Address
17 GOURDS COURT W
HOMOSASSA, FL 34446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006 REIN-P CR2E098 (11/05)

05-06

4. FEI Number
37-1480039

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHINN, JOHN
17 GOURDS COURT W
HOMOSASSA, FL 34446

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
D SHINN, JOHN ☐ Delete
STREET ADDRESS
17 GOURDS COURT W
CITY-ST-ZIP
HOMOSASSA, FL 34446

TITLE
NAME
D SHINN, SONDRAL ☐ Delete
STREET ADDRESS
17 GOURDS COURT W
CITY-ST-ZIP
HOMOSASSA, FL 34446

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
200076157412 ☐ Change ☐ Addition
STREET ADDRESS
06/13/06--01046--001 **150.00
CITY-ST-ZIP

TITLE
NAME
200076157412 ☐ Change ☐ Addition
STREET ADDRESS
06/13/06--01046--002 **150.00
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

4.10.06

Date

Daytime Phone #