

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

03 NOV 19 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000073957

1. Corporation Name

SHAWN THERRIEN INC

800025070208

11/26/03--01040--020 \*\*750.00

**REINSTATEMENT** 03

2. Principal Office Address

8013 THATCH Ter

Suite, Apt. #, etc.

3. Mailing Office Address

8013 Thatch ter

Suite, Apt. #, etc.

City & State

Bayonet Point FL

Zip

34667

Country

USA

City & State

Bayonet Point FL

Zip

34667

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/8/02

5. FEI Number

043700093

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

Yolanda O. Therrien

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

8013 Thatch ter

Suite, Apt. #, Etc.

City

Bayonet point

State  
FL

Zip Code

34667

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/18/03

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
Pres	Shawn J. Therrien	8013 Thatch ter	Bayonet point FL 34667
Secy	Robert J. Therrien	7136 Arboretum way	Newport Richey FL 34655
V. Pres	Eugene Westaver	374 Jeru Blvd #5	Tampa Springs FL 34689

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

*[Signature]*

Shawn Therrien PV

Date

11/18/03

Daytime Phone #

727-243-0370

CR2E081 (9/01)