

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 29 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02 00007588 0

1. Corporation Name

SHAW DEVELOPMENT
ENTERPRISE CORP.

2. Principal Office Address

8312 THOR ST.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

Zip

32216

Country

USA

3. Mailing Office Address

8312 THOR ST.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

Zip

32216

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

JULY 12, 2002

5. FEI Number

50-0004099

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JEFFREY T. SHAW

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

8312 THOR ST.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32216

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

Jeffrey T. Shaw

REGISTERED AGENT MUST SIGN

Date 4-26-04

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	JEFFREY T. SHAW	8312 THOR ST.	JACKSONVILLE, FL, 32216
VS	TAMARA K. SHAW	8312 THOR ST.	JACKSONVILLE, FL, 32216

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:

Jeffrey T. Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

904-891-1919

Daytime Phone #

CR2E081 (10/02)