

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P02000091256

1. Corporation Name

SHANNON CLAXTON ENTERPRISES, INC.

Principal Place of Business

2228 RIDGEMORE DRIVE  
VALRICO FL 33594

Mailing Address

2228 RIDGEMORE DRIVE  
VALRICO FL 33594

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/2002

5. FEI Number

22-3867447

Applied For

Not Applicable

6.

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
PSTD	CLAXTON, SHANNON	2228 RIDGEMORE DRIVE	VALRICO FL 33594

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

SHANNON CLAXTON

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

2228 RIDGEMORE DR

Suite, Apt. #, Etc.

City

VALRICO

State

FL

Zip Code

33594

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

*Shannon Claxton*  
SHANNON CLAXTON  
REGISTERED AGENT MUST SIGN

Date 10-20-03

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:

*Shannon Claxton*  
Shannon Claxton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-03

Daytime Phone #

FILED

03 NOV -6 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03



400024477834

11/06/03--01027--010 \*\*158.75

CR2E040 (7/03)

**SHANNON CLAXTON ENTERPRISES, INC**  
**2228 RIDGEMORE DR**  
**VALRICO, FL 33594**  
**813-390-0395**

10/28/03

TO: Florida Department of Corporations

From: Shannon Claxton


Subject: Corporation reinstatement

Document # P02000091256

I recently learned my corporation has become inactive for failure to file an annual report. This corporation was originally filed in August of 2002 and began operations January 1<sup>st</sup> 2003. I was unaware of any annual report filing requirements and did not receive such a report by mail.

Please reinstate my corporation and wave the additional fees. I have included a check for \$150.00 along with the reinstatement form.

Thank you,



Shannon Claxton  
President