

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 # P02000091828

1. Corporation Name

JOANNE SHAER ENTERPRISES, INC.

Principal Place of Business

23361 DRAYTON DR
BOCA RATON FL 33433

Mailing Address

23361 DRAYTON DR
BOCA RATON FL 33433

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

08/23/2002

5. FEI Number

02-0639859

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHAER, JOANNE	23361 DRAYTON DR	BOCA RATON FL 33433

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

HOWITT, STUART
441 S STATE RD 7 #15
MARGATE FL 33068

9. Name and Address of New Registered Agent

Name

Joanne Shaer

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

23361 Drayton Dr.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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

Joanne Shaer

REGISTERED AGENT MUST SIGN

Date 10/15/03

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:

Joanne Shaer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03 561-702-8164

Daytime Phone #

CR2E040 (7/03)

Howitt & Associates

441 S State Road 7
Suite 15
Margate, Fl. 33068
Tel 954-984-1600
Fax 954-984-1886

Department of State
Box 6327
Tallahassee, Fl. 32314-6327

Re: Joanne Shaer Enterprises, Inc.
02-0639859

Dear Sir or Madam:

My client is very prompt in paying her bills timely. There has been numerous problems with the mail over the past 6-8 months. As a result, a number of situations such as this have arisen.

We ask that you please understand the problem, and allow the enclosed check for the annual fee clear this matter. Your understanding and consideration is greatly appreciated.

Sincerely,



Stuart Howitt
Enrolled Agent

Joanne Shaeer Enterprises, Inc.
23361 Dayton Drive
Boca Raton, Fl. 33433

October 15, 2003

To Whom it May Concern:

Joanne Shaeer Enterprises, Inc did not
receive the two prior uniform business
(UBR) notices.

Enclosed please find the reinstatement
form and a check in the amount of \$150.00

Thank you

Sincerely,

Joanne Shaeer,
President Joanne Shaeer Enterprises, Inc

561-702-8166