

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -9 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000114351**

1. Corporation Name

Florida Shade Inc.

2. Principal Office Address

1515 CR 210

Suite, Apt. #, etc.

211

City & State

St. Augustine FL

Zip

32259

Country

USA

3. Mailing Office Address

P.O. Box 615

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach FL

Zip

32004

Country

USA

400026623404

01/09/04--01081--008 **908.75

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/02

5. FEI Number

74-3066564

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

Alan B. Scott

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

1702 Windjammer Lane

Suite, Apt. #, Etc.

City

St. Augustine

State
FL

Zip Code

32084

REINSTATEMENT

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

Alan B. Scott

REGISTERED AGENT MUST SIGN

Date

1/7/04

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
President	Alan B. Scott	1702 Windjammer Lane	St. Augustine FL 32084

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:

Alan B. Scott

Alan B. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/04

Daytime Phone #

904 987-7140

CR2E081 (10/02)

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