

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 AUG 17 AM 8:22

STATE  
FLORIDA

DOCUMENT # P03000076496

1. Corporation Name

SEEMORE SHINE, INC.

2. Principal Office Address

339 THORPE RD

3. Mailing Office Address

13139 LAKE MARY JANE RD

Suite, Apt. #, etc.

UNIT # 4&5

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32824

Country

USA

Zip

32832

Country

USA

CR2E081 (12/05)

06

4. Date Incorporated or Qualified  
To Do Business in Florida

07/07/2003

5. EEI Number

59-3383545

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  
MICHAEL BARNUM

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

13139 LAKE MARY JANE RD

Suite, Apt. #, Etc.

200078991622

08/22/06 01024 014 \*\*150.8

City

ORLANDO

State

FL

Zip Code

32832

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

*Michael Barnum*

REGISTERED AGENT MUST SIGN

Date 8-8-06

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
PD	MICHAEL BARNUM	13139 LAKE MARY JANE RD	ORLANDO, FL 32832
VP	MARION BARNUM	13139 LAKE MARY JANE RD	ORLANDO, FL 32832

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 contained in Chapter 119, 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:

*Michael J. Barnum*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/8/06* 407-850-5910  
Date Daytime Phone #



User

*BJ Adams* Phone: FAX: email:  
**& Associates**

Professional Accountants



Tuesday, August 8, 2006

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that SEEMORE SHINE, INC has changed their mailing address and didn't receive their annual notice for reinstatement for 2006. Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$ 150.00 is enclosed for the said year. If there are any questions you can contact me at 407-297-3700. Document #P03000076496.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,

Barbara J. Adams  
Accountant

Seemore Shine -Michael Barnum or Marion Barnum



Barbara J. Adams, CEO  
805 S. Kirkman Rd. - Ste 203 - Orlando, FL 32811  
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email : bjadamsnassoc@yahoo.com

