

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 15 PM 2:24

DOCUMENT # P03000076496

1. Corporation Name

SEEMORE SHINE INC.

2. Principal Office Address - No P.O. Box #

339 THORPE ROAD UNIT 4&5

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32824

Country

3. Mailing Office Address

403 ROUSE ROAD

Suite, Apt. #, etc.

City & State

FT PIERCE, FLORIDA

Zip

34946

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 07/07/2003

5. FEI Number
593383545

☐ 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)
403 ROUSE ROAD

Suite, Apt. #, Etc.

City
FT PIERCE, FLORIDA

State
FL

Zip Code
34946

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

4-7-09

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	403 ROUSE ROAD	FT PIERCE, FLORIDA 34946
VP	MARION BARNUM	403 ROUSE ROAD	FT PIERCE, FLORIDA 34946

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 Barnum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/2009

Date

772-323-1709

Daytime Phone #