

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

PS 132

DOCUMENT # P03000141865

1. Entity Name  
SHAWN BLEDSOE SIDING, INC.



FILED

05 MAR 15 AM 9:25

SECRETARY OF STATE  
REINSTATEMENT

04-05

Principal Place of Business  
7028 OAKENSHAW DR  
YOUNGSTOWN, FL 32466

Mailing Address  
7028 OAKENSHAW DR  
YOUNGSTOWN, FL 32466

2. Principal Place of Business  
7028 Oakenshaw Drive  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 1105  
Suite, Apt. #, etc.

City & State  
Youngstown, FL

City & State  
Youngstown, FL

Zip  
32466

Country  
USA

Zip  
32466

Country  
USA

03142005 REIN-P CR2E098 (6/04)

4. FEI Number  
20-0437920

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BLEDSOE, SHAWN 7028 OAKENSHAW DR YOUNGSTOWN, FL 32466	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

300048982369  
03/23/05--01008--021 \*\*300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, which all other like empowered.

SIGNATURE: Shawn Bledsoe  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-05 (850) 866-0675  
Date Daytime Phone #

TK

PJ 282

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**SHAWN BLEDSOE SIDING, INC.**

P. O. Box 1105  
Youngstown, FL 32466  
Telephone: (850) 866-06750

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March 14, 2005

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

To Whom It May Concern:

Pursuant to your instructions, I request that you waive the penalty for reinstatement fee on my corporation known as "SHAWN BLEDSOE SIDING, INC.", Document No. P03000141865. I did not receive the annual report filing notice last year since my mailing address should have been "P. O. Box 1105, Youngstown, Florida 32466". Mail is not received at the physical address. I have made the address change on the Reinstatement form enclosed herewith.

Thank you for your assistance in this matter. I would appreciate any rush you could put on reinstating my corporation as I need to obtain my liability insurance and file my tax returns.

Sincerely,



Shawn Bledsoe

SB/mb  
Enclosure(s)