

# 2016 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000169891

1. Entity Name  
SHIRLEY D NANTON CORP.



16 OCT 25 PM 2:00

Principal Place of Business Mailing Address  
~~1800 NE CAPITAL CIRCLE~~ 1818 S. Monroe P.O BOX 12656  
TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32317  
Tallahassee, FL 32305

SEAL OF THE STATE  
TALLAHASSEE, FLORIDA  
100291024001  
10/25/16-01003-005 \*\*\$550.00



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

10252016 REIN-P CR2E098 (12/11)

4. FEI Number 20-2029702 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NANTON, SHIRLEY D  
~~1800 NE CAPITAL CIRCLE~~ 1818 S. Monroe St  
TALLAHASSEE, FL 32308 Tallahassee, FL 32305

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 \**Stanley Nanton*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2017, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NANTON, SHIRLEY D	
STREET ADDRESS	1800 NE CAPITAL CIRCLE	
CITY- ST- ZIP	TALLAHASSEE, FL 32308	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	NANTON, STANLEY	
STREET ADDRESS	1800 NE CAPITAL CIRCLE	
CITY- ST- ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receiver 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

*Stanley Nanton* 10/25/16 Stanley Nanton @ Net Zero, Com

Session

REINSTATEMENT

*Stanley*