


2016 FOR PROFIT CORPORATION REINSTATEMENT

4075
610

DOCUMENT # P04000169891

1. Entity Name
SHIRLEY D NANTON CORP.



16 OCT 25 PM 2:00

SECRET STATE
TALLAHASSEE, FLORIDA
100291124001
10/25/16-01003-005 #530.00

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



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

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

10252016 REIN-P CR2E098 (12/11)

City & State City & State

4. FEI Number **20-2029702** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

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

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]* DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

Session

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

REINSTATEMENT

ACK

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]* DATE: **10/25/16** E-MAIL ADDRESS: **Stanley.Nanton@NetZero.Com**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS