

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 005000010143

1. Corporation Name

Shipp Enterprises of the Treasure Coast Inc.

WD9-14794

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

2099 S.W. Del Rio Blvd.

Suite, Apt. #, etc.

n/a

City & State

Port Saint Lucie FL

Zip

34953

Country

3. Mailing Office Address

2099 S.W. Del Rio Blvd

Suite, Apt. #, etc.

n/a

City & State

Port Saint Lucie FL

Zip

34953

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

600147725646
06/08/09--01003--029 **530.00
CR2E081 (12/08)

7. Name and Address of Current Registered Agent

Name

Richard S. Shipp

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

2099 S.W. Del Rio Blvd

Suite, Apt. #, Etc.

n/a

City

Port Saint Lucie

State

FL

Zip Code

34953

☒ 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

REGISTERED AGENT MUST SIGN

Date 3/20/2009

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
Pres.	Richard S. Shipp	2099 S.W. Del Rio Blvd	Port Saint Lucie FL 34953

600147725646
03/27/09--01035--018 **78.75

REINSTATEMENT

RH

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:

Richard S. Shipp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2009

Date

772-878-0299

Daytime Phone #