

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 16 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007204

1. Corporation Name

ALLAN & SHIPP ENTERPRISES, INC.

Principal Place of Business

6675 13TH AVE N.
SUITE 2C
ST. PETERSBURG FL 33710
US

Mailing Address

6675 13TH AVE N.
SUITE 2C
ST. PETERSBURG FL 33710
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 11/24/1992 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 59-3153457 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|---|
| D | SHIPP, WAYNE | 6675 13TH AVE N. #2C | ST. PETERSBURG FL |
| P | SHIPP, WAYNE | 400 COREY AVE, STE 200 | ST. PETERSBURG FL |
| | | | 200002375762--6 -12/17/97--01110--013 ****750.00 ****750.00 |
| | | | REINSTATEMENT |
| | | | 36 12-17-97 |

8. Name and Address of Current Registered Agent

SHIPP, WAYNE
6675 13TH AVE N.
SUITE 2C
ST. PETERSBURG FL 33710

9. Name and Address of New Registered Agent

| | | |
|--|-------|----------|
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| Suite, Apt. #, Etc. | | |
| City | State | Zip Code |
| | FL | |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Wayne E Shipp
REGISTERED AGENT MUST SIGN

Date

12/11/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on Intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne E Shipp

Date

Daytime Phone #

381-813-9800

CR2E040 (8/97)