

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV -9 PM 5:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037872

Corporation Name

SHINGLE CARE, INC.

Principal Place of Business Mailing Address

102 DRENNEN ROAD 519 CONROY ST. P.O. Box 560295  
SUITE A-4 SUITE A-4  
ORLANDO FL 32808 ORLANDO, FL 32805 ORLANDO FL 32812 ORLANDO, FL  
US 32856-0295

REINSTATEMENT 1999

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 05/24/1993

Suite, Apt. #, etc. 519 CONROY ST. Suite, Apt. #, etc. P.O. Box 560295

City & State ORLANDO, FL City & State ORLANDO, FL

Zip 32805 Country ORANGE Zip 32856-0295 Country ORLANDO

5. FEI Number 59-3264655 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-	BUCKER, RANDOLPH H.	3598 GATLIN PLACE CIR	ORLANDO FL
VP	BUCKER, WILLIAM R.	3890 NO PINEGROVE AVE #700	CHICAGO IL 60613
P/T/S/D	BRIAN DONALD PEOPLES	1644 ALOMA AVE	WINTER PARK FL 32789

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

BUCKER, KARI D  
3598 GATLIN PLACE CIRCLE  
ORLANDO FL 32812

Name BRIAN DONALD PEOPLES  
Street Address (P.O. Box Number is Not Acceptable)  
1644 ALOMA AVE  
Suite, Apt. #, Etc.  
City WINTER PARK State FL Zip Code 32789

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 Brian Donald Peoples Date

REGISTERED AGENT MUST SIGN

11. 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: Brian Donald Peoples 407-647-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #