

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000015524

1. Corporation Name

SHADOWBOX COLLECTIBLES, INC.

Principal Place of Business

Mailing Address

~~240 LAVILLA DR~~
~~MIAMI SPRINGS FL 33166~~

~~240 LAVILLA DR~~
~~MIAMI SPRINGS FL 33166~~

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

2. New Principal Office Address, If Applicable

1578 NW 165 Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Zip

33169

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/1994

5. FEI Number

65-0474833

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	MEYERS, WILLIAM G	240 LAVILLA DR	MIAMI SPRINGS FL 33166
		1578 N.W. 165 Street	Miami, FL. 33169

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEYERS, WILLIAM G

~~240 LAVILLA DR~~ 1578 N.W. 165 Street
MIAMI SPRINGS FL 33166 Miami, FL. 33169

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

W. J. Meyers

REGISTERED AGENT MUST SIGN

Date

5/21/99

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:

W. J. Meyers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. GORDON MEYERS

5/21/99 305 621-0545

Date

Daytime Phone #

CR2E040 (9/98)