

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

04 NOV -9 PM 12:37

DOCUMENT # P 94 00007 4450

1. Corporation Name

Alachua Management & Consulting, Inc

**REINSTATEMENT** 00-04

2. Principal Office Address

13505 NW 88<sup>th</sup> PI

3. Mailing Office Address

13505 NW 88<sup>th</sup> PI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alachua FL

City & State

Alachua FL

Zip

32615

Country

USA

Zip

32615

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/5/94

5. FEI Number

59-327-4644

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James W Shaw

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

13505 NW 88<sup>th</sup> PI

Suite, Apt. #, Etc.

City

Alachua FL

State

FL

Zip Code

32615

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/27/04

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
PD	Annette T Shaw	13505 NW 88 <sup>th</sup> PI	Alachua FL 32615
VD	James W Shaw	13505 NW 88 <sup>th</sup> PI	Alachua FL 32615

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 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]

James W Shaw

10/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-665-8570

CR2081 (01/04)

**Alachua Management & Consulting, Inc.**  
**13505 NW 88<sup>th</sup> Pl**  
**Alachua, Florida 32615**  
**October 27, 2004**

Dept of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl 32314

~~To Whom It May Concern:~~

Please find enclosed the Corporate Reinstatement form along with our check for \$600.00. I respectfully request a waiver of penalty in that we relocated our office and failed to receive the annual report filing documents subsequent to the move.

If there are any questions regarding the attached please contact me at 352-665-8570.

Thank you,



James W Shaw  
Vice President