

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000015596**

1. Corporation Name

**ADSHADE, INC.**

Principal Place of Business

Mailing Address

535 CANAL RD.  
PONTE VEDRA BEACH FL 32082

535 CANAL RD.  
PONTE VEDRA BEACH FL 32082

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

02/23/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3301890

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
VST	ADSHADE, LINLEIGH R	535 CANAL RD	PONTE VEDRA BEACH FL 32082
DPT	ADSHADE, CHRISTINE A	535 CANAL RD	PONTE VEDRA BEACH FL 32082

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDERSON, BRUCE R JR  
OCEAN SOUTH  
3500 S. THIRD ST.  
JACKSONVILLE BEACH FL 32250

Name  
**JANE ANNE HUGHES**  
Street Address (P.O. Box Number is Not Acceptable)  
**3874 SCHODENWALD LANE**  
Suite, Apt. #, Etc.  
—

City  
**JACKSONVILLE**

State  
**FL**

Zip Code

**32223**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **10/18/99**

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHRISTINE A. ADSHADE**

Date

Daytime Phone #

FILED

99 OCT 19 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

LS

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\*\*\*\*750.00 \*\*\*\*750.00

CR20040 (8/99)