

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 12 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600030560376
03/16/04--01049--011 **900.00

REINSTATEMENT 03-04

DOCUMENT #

1. Corporation Name

P95000031975
SHAW PROPERTIES OF SAT, INC.

2. Principal Office Address

1705 FAIRFAX CT N

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32259

Country

USA

3. Mailing Office Address

1705 FAIRFAX CT N

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32259

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 1995

5. FEI Number

59-3305955

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

CLIFF R SHAW

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

1705 FAIRFAX CT N

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32259

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

Cliff R Shaw

Date

3-10-04

REGISTERED AGENT MUST SIGN

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
P	CLIFF R SHAW	1705 FAIRFAX CT N	JAX FL 32259

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:

Cliff R Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-11-04

Daytime Phone #

904-993-5231

CR2E081 (10/02)