2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000090636					FILED				
1. Entity Name THE SHADE MAN, INC.									
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Principal Place of Business Mailing Address						The Little	3 7 ST	M.	
. 2644 SW BOAT RAMP AVE 2644 SW BOAT -PALM CITY, FL 34990 PALM CITY, FL						in Leading.	a⊈E, FLܦ	RIDA	
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Principal Place of Business 3.		3. Mailing Address				. 1818) Billi Billi Billi Billi Billi Billi Billi			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02222006	02222006 REINIPE CREEDS (1005 -06			
City & State		City & State	City & State			I Number Applied For S-0623280 Not Applied be			
Zip	Country Zip Co		Count	ntry		of Status Desired	\$8.75 Add	itional	
	6. Name and Address of Current R	egistered Agent	·		7. Name and	Address of New Registere	<u>.</u>		
SDIEGEL & LITPERA P.A. John						n Fenlason_			
SPIEGEL & UTRERA, P.A. 1840 CORAL WAY, 4TH FLOOR MIAMI, FL 33145				Street Address (P.O. Box Number is Not Acceptable)					
;			445r		7-A Pur	- A Purdy Lane			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				West Palm Beach FL 33406					
ne above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept to obligations of registered agent.									
SI JATURE 3-3-06									
Signal fre, typed or printed hame of registered agent and title if applicable. (NOTE: Registered Agent elignature required when reinstating) OATE									
FILE NOW!!! FEE 1\$ \$300.00						In accordance with s. 60 corporation did not rece)7.193(2)(b), ive the prior r	F.S., the notice.	
10.	OFFICERS AND D	MRECTORS	11.		ADDITIONS	L /CHANGES TO OFFICERS AT	ND DIRECTORS	S IN 11	
TITLE	PSTD	☐ Delete	TITLE	li li			☐ Change	☐ Addition	
NAME STREET ADDRESS	PASLEY, RICHARD L 2644 SW BOAT RAMP AVE		NAME STREE	et address					
CITY-ST-ZIP	PALM CITY, FL 34990		США-	-ST-ZIP					
TITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				ST-ZIP		····			
NAME		☐ Delete	ATTLE NAME			0070740	☐ Change	Addition	
STREET ADDRESS			STREE	ET ADDRESS	05/02/) 0073713 9 /0601035008	**300 (חר	
CITY-ST-ZIP		□ Delete	TITLE	-ST-ZIP			Change	Addition	
NAME	\hk \ula	L Delete	NAME	:			□ cuanăs	☐ Maningu	
STREET ADDRESS CITY-ST-ZIP	(1) 4/2	1		ET ADDRESS -ST-ZIP				•	
TITLE		☐ Defete	TITLE	·			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME	<u>:</u>					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS					
CITY-ST-ZIP	<u></u>		CITY	-ST-ZIP					
12. Thereby indicated	certify that the information supplied with to on this report or supplemental report is to	his filing does not qualify for true and accurate and that r	or the exe	mptions contai	ined in Chapter 119 the same legal effe	9, Florida Statutes. I further out as if made under oath: that	ertify that the in	nformation or director	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: Busley									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									
									