

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -3 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000019956

1. Corporation Name

SHORT ENTERPRISES, INC.

REINSTATEMENT 02-03

700023549377
10/03/03--01069--026 **900.00

2. Principal Office Address

2516 SANFORD AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL.

City & State

Zip

32773

Country

SEMINOLE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/1/97

5. FEI Number

59-3441468

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

GENEVIEVE SHORT

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

3719 RHONDA DRIVE

Suite, Apt. #, Etc.

City

SANFORD, FL. 32773

State

FL

Zip Code

32773

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

Genevieve Short

Date

9/29/03

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/D	GENEVIEVE SHORT	3719 RHONDA DRIVE	DELTONA, FL. 32738
V/D	JAMES R. SHORT	3719 RHONDA DRIVE	DELTONA, FL. 32738

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:

GENEVIEVE SHORT

Genevieve Short

Date

9/29/03

Daytime Phone #

CR2E081 (10/02)

9/10/07

SHORT ENTERPRISES, INC.
2516 SANFORD AVENUE
SANFORD, FL. 32773

September 29, 2003

Department of State
Deivision of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

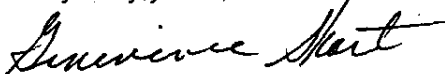
Enclosed is the Application for Reinstatement along with a check in the amount of \$900.00 to bring the Corporation's status up to date.

I am requesting a waiver of the Penalty for failing to file this form. It appears that one was never received after the Incorporation. Short Enterprises, Inc. was incorporated in 1997 and had the form been received we would have made sure it was filed annually.

Unfortunately the annual fee amount is a severe hardship for a small business like this one but an additional penalty would be a financial disaster.

We are in the process of obtaining credit card processing which brought the failure of filing of an annual report to our attention. We would appreciate this being processed as soon as possible.

Very truly yours,



Genevieve Short
President

GS:lcp