PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020060

99 MAY 17 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

1. Corporation Name

STRATTON SHADES AND COLLECTIBLES, INC.

Principal Place of Business	Mailing Address
8401 13 AVE NW BRADENTON FL 34209	8401 13 AVE NW BRADENTON FL 34209

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 02/26/1997

5. FEI Number: WE DO NOT HAVE EMPLOYEES N/A [X] Applied For [ ] Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DEFONTAINE-STRATTON , DOROTHY E	8401 13 AVE NW	BRADENTON FL 34209
D	DEFONTAINE-STRATTON , JAMS B	8401 13 AVE NW	BRADENTON FL 34209
			300002693093--8 -06/02/99--01084--027 ****300.00 ****300.00
			300002693093--8 -06/02/99--01084--028 *****17.50 *****17.50

8. Name and Address of Current Registered Agent

SIMON, DAVID S
523 S WASHINGTON BLVD
SARASOTA FL 34236

9. Name and Address of New Registered Ag

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (9/96)

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: DAVID S SIMON Dorothy deFontaine-Stratton DEDFS. Date: 11/13/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No [ ]

(See other side for information on intangible tax.)

12. 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.

DOROTHY DE FONTAINE-STRATTON

SIGNATURE: Dorothy deFontaine-Stratton 11/13/98 941-795-3749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8401 13th Ave NW
Bradenton
Florida 34209

11/13/98.

Dear Sir/Madam

I did not recieve a previous notice for filing the annual report. I have filed for reinstatement and include a cheque for $150.

Thank You
Dorothy de Fontaine-Stratton