

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 11 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000036677

1. Corporation Name

REV. SHARK ENTERPRISES, INC.

Principal Place of Business

Mailing Address

P O BOX 1177
ANN MARIA FL 34216

P O BOX 1177
ANN MARIA FL 34216

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

04/23/1997

5. FEI Number

65-0762879

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	JEANETTE G. DEPORRE	PO Box 1177 206 OAK ANN MARIA FL 34216	ANN MARIA FL 34216
V.P	JAMES L. DEPORRE	P.O. Box 1177 206 OAK	ANN MARIA FL 34216
Sec/Treas	JEANETTE G. DEPORRE	P.O. Box 1177 206 OAK	ANN MARIA FL 34216
			2000003140542-4 -02/18/00--01105--019 ***1058.75 ***1058.75
			REINSTATEMENT 95-00 1178

8. Name and Address of Current Registered Agent

DEPORRE, JEANETTE G
206 OAK AVE
ANNA MARIA FL 34216

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 of Jeanette G. Deporre
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 2-9-2000

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes ☐ 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.

SIGNATURE: *Signature of Jeanette G. Deporre*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-9-2000 941-778-7795
Daytime Phone #

CR2E040 (9/98)