

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 12 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000037831**

1. Corporation Name

Shamblin & Shamblin Builders, Inc

2. Principal Office Address

113 Goldenwood Dr.
Suite, Apt. #, etc.

City & State

Brandon, FL
Zip Country
33511

3. Mailing Office Address

P.O. Box 1187
Suite, Apt. #, etc.

City & State

Mango, FL
Zip Country
33550

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/97

5. FEI Number

59-3447289

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

George T. Eldridge

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

11509 East Dr. M.L.K. Blvd P.O. Box 1187
Suite, Apt. #, Etc.

City

Mango

State
FL

Zip Code

33550-1187

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0503 or 617.0503, F.S.

Signature of
Registered Agent

George T. Eldridge

REGISTERED AGENT MUST SIGN

Date July 11, 2000

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.	Kenneth Shamblin	113 Goldenwood Dr.	Brandon, FL 33511
V.D.	Stephen Shamblin	3007 Little Rd.	Valrico, FL 33594
S.	George Eldridge	11509 E. Dr. M.L.K. Blvd	Mango, FL 33550
T.D.	Sharon Shamblin	113 Goldenwood Dr	Brandon, FL 33511

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 807.0401 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: Sharon Lee Shamblin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Lee Shamblin, Treasurer

July 11, 2000

Date

Daytime Phone =