

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

~~CORPORATION~~  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY -6 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 097000094123

1. Corporation Name

Shirley Taylor Enterprises, Inc.

2002-2003  
UBR

2. Principal Office Address

1225 Soltman Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1225 Soltman Ave

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

Zip

34950

Country

US

City & State

Ft. Pierce, FL

Zip

34950

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

06/19/1997

5. FEI Number

650779871

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

9100018313059  
05/06/03--01124--015 \*\*300.00

0203

7. Name and Address of Current Registered Agent

Name

James P. Covey

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

1111 S. Federal Hwy, Suite 118

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

04/29/03

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
D	Shirley Taylor	1225 Soltman Ave.	Ft. Pierce, FL 34950
D	James P Covey	1111 S. Federal Hwy Suite 118	Stuart, FL 34994

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:

*Shirley Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/03 772.4601211

Date

Daytime Phone#

CR2081 (10/02)

BB