

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
The Governor
Secretary of State
BUREAU OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -9 PM 5:47

DOCUMENT # P97000081023

1. Corporation Name

SHELTRA MARKETING & CONSULTING, INCORPORATED

Principal Place of Business

833 RIVERSIDE DR
SUITE 813
CORAL SPRINGS FL 33071

Mailing Address

833 RIVERSIDE DR
SUITE 813
CORAL SPRINGS FL 33071

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1997

5. FEI Number

65-0792808

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 3	City / State / Zip 4
D	SHELTRA, MARK	833 RIVERSIDE DR, STE 813	CORAL SPRINGS FL 33071

600003481956--9
-11/30/00--01101--009
****150.00 ****150.00

11/1/21

8. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283

800-347-8062

9. Name and Address of New Registered Agent

Name MARC H. SHELTRA

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

833 RIVERSIDE DR

Suite, Apt. #, Etc.

#813

City

CORAL SPRINGS

State

FL

Zip Code

33071

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/07/00

11. 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 REQUIRED
MARC H. SHELTRA

Date

10/18/2000

Daytime Phone #

202

P97000081023

SHELTRA MARKETING CONSULTING, INC.

833 RIVERSIDE DRIVE STE 813 • CORAL SPRINGS, FLORIDA 33071 • (954) 752-9541 X-2 • FAX: (954) 344-9175

SMC, INC. FORM-2000 ANNUAL CORP. REPORT.

Wednesday October 18, 2000, 9:44am

Department Of State
Division Of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: 2000 Annual Corporate Report

To Whom It May Concern:

We have received a notice of reinstatement. We have not seen an application for the year 2000, nor has our registered agent or corporate attorney.

This morning I had spoken with a representative from the Florida Dept. Of State, and she indicated to me that I should fill out the reinstatement application with the principals signature (registered agent signature not required for this type of petition) and submit \$150.00 along with this letter of explanation, so we may be reinstated without penalty. Please contact me if I can help in any way.

Sincerely,



Marc H. Sheltra
President

cc: Y. Brenneman, SMC, Inc.
cc: Philip Michael Cullen, III, SMC. Inc.