

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000105013

1. Entity Name
SHREDDERMAN, INC.



FILED

08 MAR 19 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
290 SW 12TH AVE #10
POMPAN0 BEACH,
FL 33069

Mailing Address
17882 LAKE AZUL6 WAY
BOCA RATON,
FLORIDA 33496

2. Principal Place of Business - No P.O. Box #
290 SW 12TH AVE #10

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPAN0 BEACH

City & State

Zip

62

Country

33069

Zip

Country

03142008

REIN-P

CR2E098 (1/07)

4. FEI Number
65-0804016

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAMOND, JEFFREY
17882 LAKE AZUL6 WAY
BOCA RATON, FLORIDA 33496

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3.14.08

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
DIAMOND, JEFFREY
17882 LAKE AZUL6 WAY
BOCA RATON, FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400120653934
03/19/08--01006--024 **900.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
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TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
REINSTATEMENT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
07-08

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.14.08

Date

954.781.4219

Daytime Phone #