PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

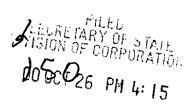
P99000007836 **DOCUMENT #**

1. Corporation Name

S & L DUNLAP, INC.

Principal Place of Business

Mailing Address



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1419 DEARBOURNE DR WESLEY CHAPEL FL 33543			1419 DEARBOURNE DR WESLEY CHAPEL FL 33543				
	ddresses are incorrect in any way, lin ncipal Office Address, if Applicable		ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 01/21/1999		
Suite, Apt. #			Suite, Apt. #, etc.		5. FEI Number Applied For		
City& State	Country	_City & State		Country	6.	ATE OF STATUS DESIRED	
7. Names a	and Street Addresses of Each Officer	and/or Director (Flo	orida nonpro	fit corporations must list at le	ast 3 directors)		
Title(s)	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City / State / Zip	
P	SHAWN M. DU	NLAP	1419	DEERBOURNE	Dr.	WESLEY CHAPEL, FL. 3350	
٧	LUCY H. DU	NLAP	1419	DEERBOURN	e Dr.	WESLEY CHAPEL, FL. 3354	
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	`		 		1	3	
8. Name and Address of Current Registered Agent					9. Name and	d Address of New Registered Agent	
DUNLAP, SHAWN M 1419 DEARBOURNE DR WESLEY CHAPEL FL 33543				Suite, Apt. #, Etc	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code		
10. I, being Signature o	g appointed the registered agent of the	above named corp	oration, am	familiar with and accept the o	obligations of Se	ction 607.0505, F.S.	

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 indicates on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: (

SHAWN M DUNLAT

REGISTERED AGENT MUST SIGN

813-994-05:



TO Whom it may CONCERN,

THIS IS THE FIRST NOTIFICATION WE have Received

on This matter. It is only our SECOND YEAR IN

Business And we have been trying hard to . Do

Everything on A Timely basis. We check The mail

Daily AND READ EVERYTHING Thoroughly.

Shown M. Dunlap

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Alley CAT'S CAFF