

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 10 PM 3:41

DOCUMENT # **P99000014336**

1. Corporation Name

SHELL SCIENTIFIC RESOURCES, INC.

2. Principal Office Address

23302 NW COUNTY RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ALACHUA FL

Zip

32615

Country

USA

City & State

Zip

Country

REINSTATEMENT 07-04

100037849631

06/10/04--01077--005 *600.00**

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1999

5. FEI Number

59-3566229

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

STEPHEN W. GILBERTSON, CPA

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

2720 E. OAKLAND PARK BLVD #109

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33306

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

Stephen W. Gilbertson, CPA

Date **06-01-04**

REGISTERED AGENT MUST SIGN

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
PSTO	DAVID A. SHELL	23302 NW COUNTY RD	ALACHUA, FL 32615

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:

David Shell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DAVE SHELL 6-9-04 904-462-7186

Daytime Phone #

CR2E081 (10/02)

**SHELL SCIENTIFIC RESOURCES, INC.
23302 NW COUNTY RD
ALACHUA, FLORIDA 32615**

June 1, 2004

**Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327**

Gentlemen:

My accountant recently brought it to my attention that my corporation has been involuntarily dissolved for lack of Uniform Business Reports in the years of 2001, 2002, 2003 and 2004.

I am requesting that the reinstatement fee of \$600.00 be waived, as I have received no notice for the Uniform Business Report since the year 2000. I am submitting a check for \$600.00 for the four missing years.

Very truly yours,

A handwritten signature in black ink, appearing to read "David A. Shell", is written over the "Very truly yours," text.

David A Shell, President