

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014765

1. Corporation Name

Shafer Development Corporation

2. Principal Office Address

12730 C.R. 561

Suite, Apt. #, etc.

City & State

Clermont

Zip

34711

Country

United States

3. Mailing Office Address

380 West Alfred Street

Suite, Apt. #, etc.

c/o Williams, Smith & Summers, P.A.

City & State

Tavares, Florida

Zip

32778

Country

United States

REINSTATEMENT 00-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/12/1999

5. FEI Number

593566189

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

Summers, Gary L.

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

380 West Alfred Street

Suite, Apt. #, Etc.

City

Tavares

State

FL

Zip Code

32778

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

Gary L. Summers

REGISTERED AGENT MUST SIGN

Date

11/6/02

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/P/S	Shafer, Stephen A.	1406 Lakeshore Drive	Eustis, Florida 32726
D/V/T	Shafer, Stephen R.	12730 C.R. 561	Clermont, Florida 34711

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen R. Shafer, Vice Pres.

Date

352-267-4491

Daytime Phone #

CR2E081 (9/01)