## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000014765

Name:

Address:

City-St-Zip:

SHAFER, STEPHEN A

780 ALMOND STREET

CLERMONT, FL 34711

Entity Name: SHAFER DEVELOPMENT CORPORATION

FILED Oct 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 780 ALMOND STREET CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** 380 WEST ALFRED STREET 780 ALMOND STREET C/O WILLIAMS, SMITH & SUMMERS, P.A. CLERMONT, FL 34711 TAVARES, FL 32778 FEI Number: 59-3566189 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUMMERS, GARY L 380 WEST ALFRED ST TAVARES, FL 32778 US 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. SIGNATURE: GARY L SUMMERS Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SHAFER, STEPHEN R Name: Name: 12730 C.R. 561 Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: PSD () Delete Title: () Change () Addition

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN A SHAFER PSD 10/23/2009