

AUG-10-1998 13:34

J KEVIN DRAKE PA

P. 02/03

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S29189

1. Corporation Name

SHANER'S

FILED

99 AUG 11 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3440 Clark Rd.

Sarasota, FL 34231

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3578 Clark Rd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3578 Clark Rd.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34231

County

SARASOTA

Zip

34231

County

SARASOTA

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

2-4-91

5. FEI Number

65-025-2310

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Shane W. Rawley	4945 Silkwood Dr.	Sarasota, FL 34241
			100002618741--8
			08/18/98 01033-007
			***1350.00 ***1350.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

W. JABA

240 N. Pineapple Ave. J.#202

Sarasota, FL 34236-6717

9. Name and Address of New Registered Agent

Name

G.E. Friar

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

6549 Draw Ln.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34241

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 8/11/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(8)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(8)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.