1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 18 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V22186

1. Corporation Name
FREDRICK D. SHAFFER, P.E., INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
7886 SW Ellipse Way	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart, FL	City & State
Zip: 34997 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 510418077 — 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: Mark J. Nowicki, P.A.

Street Address (P.O. Box Number is Not Acceptable): 480 Maplewood Drive

Suite, Apt. #, Etc.: Suite 2

City: Jupiter | State: FL | Zip Code: 33458-5845

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 _____ Date 11/17/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	Fredrick D. Shaffer	7886 SW Ellipse Way	Stuart, FL 34997

200043095532
12/01/04--01016--016 **308.75

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: _____ 11/17/04 1-772-220-4990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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MARK J. NOWICKI

LAWYER

480 MAPLEWOOD DRIVE, SUITE 2

JUPITER, FL 33458-5845

MARK J. NOWICKI
ALSO ADMITTED IN COLORADO
AND MONTANA

OF COUNSEL
KENNEDY & ASSOCIATES, P.L.

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BOARD CERTIFIED IN TAXATION
PRACTICE LIMITED TO
ESTATE PLANNING,
INCOME TAX PLANNING AND
RELATED FEDERAL TAX MATTERS

November 17, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Fredrick D. Shaffer, P.E., Inc.
Document No. V22186
Corporation Reinstatement

Dear Madam:

I enclose the Corporation Reinstatement for Fredrick D. Shaffer, P.E., Inc. along with filing fees in the amount of $308.75. Kindly note that this entity did not receive the Annual Reports for 2003 and 2004 and we are thus waving reinstatement fees. If you have any questions feel free to call.

Sincerely,

Mark J. Nowicki

MJN/dmg

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