

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 16 1996 8:00 am
Secretary of State

DOCUMENT # v44175

1. Corporation Name

SHINING THROUGH, INC.

Principal Place of Business

Mailing Address

700001963447
-10/03/96--01016--006
****375.00 ****375.00

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

REINSTATEMENT 9600

2. New Principal Office Address, If Applicable

426 East Atlantic Ave.

3. New Mailing Address, If Applicable

426 East Atlantic Ave.

4. Date Incorporated or Qualified To Do Business in Florida

6/17/92

Suite, Apt. #, etc

Suite, Apt. #, etc

5. FEI Number

65-0357661

Applied For

Not Applicable

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33483-4537

Country

Palm Beach

Zip

33483-4537

Country

Palm Beach

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/T/ V.P.	Ray Watson	23837 State Road 37 North	Noblesville Indiana 46060
D/S	Shannon Nacy	515 N.E. 7th Avenue	Delray Beach Florida 33483

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Shannon Nacy

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

426 East Atlantic Avenue

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483-4537

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

Shannon Nacy
REGISTERED AGENT MUST SIGN

Date

X 9/13/96

11. 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.)

12. 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(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(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.

SIGNATURE: *Shannon Nacy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shannon Nacy, Pres.

X 9/13/96
Date

407 276-8559

Daytime Phone #

CR2E040 (12/95)