

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
97 APR -3 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # VL5043

1. Corporation Name  
SHADDAY ENTERPRISES, INC.

Principal Place of Business Mailing Address  
~~36 S. SEMORAN BLVD.~~  
~~ORLANDO, FLORIDA 32807~~

REINSTATEMENT 95+97  
mwb

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

2. New Principal Office Address, If Applicable  
520 13th Street  
Suite, Apt. #, etc OFFICE  
City & State ST. Cloud, FL.  
Zip 34769 Country

3. New Mailing Office Address, If Applicable  
SAME  
Suite, Apt. #, etc SAME  
City & State SAME  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 22 JUNE 1992

5. FEI Number 59-8121965 Applied For Not Applicable

6. 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)

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
President	ANTONIO HERNANDEZ	<del>36 S. SEMORAN BLVD.</del>	<del>ORLANDO, FL. 32807</del>
President	NILDA CASTRO	195 FLORAL DR	KISSIMMEE FL 34743

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-04/08/97--01024--011  
\*\*\*1080.00 \*\*\*1080.00

8. Name and Address of Current Registered Agent

~~ANTONIO HERNANDEZ~~  
~~36 S. SEMORAN BLVD.~~  
~~ORLANDO, FLORIDA 32807~~  
WILDA CASTRO 195 FLORAL DR  
KISSIMMEE FL 34743

9. Name and Address of New Registered Agent

Name NILDA CASTRO  
Street Address (P.O. Box Number is Not Acceptable) 520 THIRTEEN STREET  
Suite, Apt. #, Etc ST. Cloud  
City " State FL Zip Code 34769

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 *[Signature]* x *Nilda Castro* Date 3/22/97  
REGISTERED AGENT MUST SIGN

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 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]* x *Nilda Castro* Date 4/1/97 Daytime Phone # 391-8088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (407) 391-8072

CFR2040 (12/96)