

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # VL45043

1. Corporation Name **SHADDAY ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

~~36 S. SEMORAN BLVD.~~
~~ORLANDO, FLORIDA 32807~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. OFFICE

Suite, Apt. #, etc. *Same*

City & State
St Cloud, FL.

City & State SAME

34769

Zip	Country
-----	---------

4. Date Incorporated or Qualified To Do Business in Florida

22 JUNE 1952

5. FEI Number
59-3121966

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	36 S. SENORAN BLVD.	ORLANDO, FL. 32807
Resident	NILDA CASTRO	195 FLORAL DR	KISSIMMEE FL. 34743
			000002135880--9
			-04/08/97--01024--011
			***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ANTONIO HERNANDEZ~~

~~S. S. SHARAN-BLVD.~~

ORLANDO, FLORIDA 33807
WILDA CASTRO 195 FLORAL DR.
KISSEMMEE, FL 34743

Name NILDA CASTRO

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

Suite, Apt. #, Etc. St. Cloud

City	State	Zip Code
	FL	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 Edward Alvarez X Nelda Castro
REGISTERED AGENT MUST SIGN

Date **3/22/97**

1. 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.)

2. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E040 (12/96)