

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -6 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2-000059920

1. Corporation Name

A1A Nassau Shed, Inc.

2. Principal Office Address

463169 State Road 200

3. Mailing Office Address

P. O. Box 335

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Yulee, Florida

City & State

Yulee, Florida

Zip

32097

Country

USA

Zip

32041

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5/30/02

5. FEI Number

04-3675921

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-04

500035714085

05/06/04--01057--007 **750.00 WOP

7. Name and Address of Current Registered Agent

Name

A. Jeffrey Tomassetti, Esq.

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

406 Ash Street

Suite, Apt. #, Etc.

City

Fernandina Beach

State
FL

Zip Code

32034

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

4/3/04

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/D	Sue I. Simmons	463169 State Road 200	Yulee, FL 32097
VP	Matthew Mattie	463169 State Road 200	Yulee, FL 32097
S/T	Waymon W. Simmons	463169 State Road 200	Yulee, FL 32097

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:

[Handwritten Signature] Sue J. Simmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-04 (904) 225-0322

Date

Daytime Phone #

CR2E081 (10/02)