2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 SEP 29 4:03
TALLA...

DOCUMENT # P04000003201

1. Entity Name
SHUTTER MEDICS, INC.

Principal Place of Business	Mailing Address
1384 S. WOODLAND BLVD. DELAND, FL 32720-7731 US	1384 S. WOODLAND BLVD. DELAND, FL 32720-7731 US

2. Principal Place of Business	3. Mailing Address
ShutterMedics	1384 N. Woodlands Blvd
Suite, Apt. #, etc.: 1932 Montecito Ave	Suite, Apt. #, etc.: C
City & State: Deltona FL	City & State: DeLand FL
Zip: 32738 Country: Volusia	Zip: 32720 Country: Volusia

09252006 REIN-P CR2E098 (11/05) 2006

4. FEI Number: 20-0565763 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILPIN, PAUL 1384 S. WOODLAND BLVD. DELTONA, FL 32720-7731	Name: Paul V. Gilpin Street Address (P.O. Box Number is Not Acceptable): 1341 N. Woodlands Blvd #C City: DeLand FL Zip Code: 32720

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 9/25/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GILPIN, PAUL	NAME	400080314094
STREET ADDRESS	1384 S. WOODLAND BLVD.	STREET ADDRESS	09/29/06--01070--017 **150.00
CITY-ST-ZIP	DELAND, FL 327207731	CITY-ST-ZIP	
TITLE	VPT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GILPIN, PAUL	NAME	
STREET ADDRESS	1384 S. WOODLAND BLVD.	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 327207731	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 9/25/06 386-717-2305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #