

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 DEC -3 PM 5:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000003572

1. Corporation Name

SHAMROCK BUILDING SERVICES CORPORATION

Principal Place of Business

9 VIADUCT ROAD  
STAMFORD CT 06906

Mailing Address

P.O. BOX 446  
CLEARWATER FL 33757



REINSTATEMENT 2001

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

2. New Principal Office Address, If Applicable

1231 S. MYRTLE AVE  
CLEARWATER, FL  
33756

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/09/1997

5. FEI Number

06-1358710

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip   |
|---------------|---|--|---|
| PC            | SHANAHAN, WILLIAM C                       | 280 OCEAN DRIVE EAST                                   | STAMFORD CT 06902   |
| S             | SHANAHAN, WILLIAM C JR                    | 102 16TH STREET  | BELLEAIR BEACH FL 33786   |
|               |   | 9176 SILVERTHORN RD                                    | LARGO, FL 33777   |
|               |   |  | 500004730075--6<br>-12/18/01--01025--027<br>****758.75 ****758.75 |
|               |   |  |   |
|               |   |  |   |

8. Name and Address of Current Registered Agent

PHILLIPS, PAUL  
113 ARBOR DRIVE WEST  
PALM HARBOR FL 34683

9. Name and Address of New Registered Agent

Name William C Shanahan  
Street Address (P.O. Box Number is Not Acceptable)  
9176 SILVERTHORN RD  
Suite, Apt. #, Etc.  
City LARGO  
State FL Zip Code 33777

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-27-01

11. 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 #

(727)

11-27-01

446-7900

CD-109

CR2E040 (8/01)