

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 NOV 22 AM 8:26

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

L00000010620 - Shortt Solutions LC

2. Principal Office Address

1457 Cameo way

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33756

Country

US

3. Mailing Office Address

1457 Cameo way

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33756

Country

US

4. State/Country of Formation

FL U.S.

5. Date Organized or Qualified  
To Do Business in Florida

08/31/2000

6. FEI Number 59-3732134

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Edward Shortt

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

1457 Cameo way

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/22/2004

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Edward F. Shortt	1457 Cameo way	Clearwater, FL. 33756
MGRM	Daniela Lorenzo	1457 Cameo way	Clearwater, FL. 33756

800043005158  
11/24/04--01060--001 \*\*50.00

**REINSTATEMENT** 2002-04

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Date 10/22/2004

Daytime Phone # 727-422-3341

Typed or printed name of signing Managing Member/Manager

Edward Shortt

CR2EDM1 (10/02)