2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L56790

1. Entity Name
SHELL REALTY, INC.

FILED
08 JUN 13 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09-24-07 01061 015 $150.00
REINSTATEMENT 07-08
06022008 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
~~1110 PINELLAS BAYWAY~~ S ~~SUITE 102~~ ~~TIERRA VERDE, FL 33715~~-1506	~~1110 PINELLAS BAYWAY S~~ ~~SUITE 102~~ ~~TIERRA VERDE, FL 33715~~-1506

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3717 46TH Ave SO	3717 46 Ave SO
Suite, Apt. #, etc.: #5	Suite, Apt. #, etc.: #5
City & State: St Petersburg FL	City & State: St Petersburg, FL
Zip: 33711 Country: USA	Zip: 33711 Country: USA

4. FEI Number: 59-3004439 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WIHBEY, MARIA
3717 46 AVE S
ST. PETERSBURG, FL 33711

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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: Maria Wihbey — Signature, typed or printed name of registered agent and title if applicable.
Maria Wihbey — (NOTE: Registered Agent signature required when reinstating)
DATE: 06/10/08

FILE NOW!!! FEE IS $300.00

150.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WIHBEY, MARIA 3717 46TH AVE. SO. ST. PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100131390001 06/17/08--01004--021 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6/13	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Maria Wihbey PD — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
06/10/08 — Date
727 867-5536 — Daytime Phone #