PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 23 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 56520

1. Corporation Name

SHANTREY, INC.

REINSTATEMENT 02-03

2. Principal Office Address	**3.** Mailing Office Address
1800 NE 171 STREET	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. MIAMI BEACH FL.	City & State
Zip: 33162 Country: Dade	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 06-12-00

5. FEI Number: 65-1015535 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: KENRICK RICHARDS

Street Address (P.O. Box Number is Not Acceptable): 18462 NW 54 PLACE 100021744551

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33055

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: K Richards REGISTERED AGENT MUST SIGN Date: 07/01/03

CR2E081 (10/02)

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
PRES.	KENRICK RICHARDS	18642 NW 54 PL. MIAMI FL. 33162	MIAMI FL. 33162
SECR	"		

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: KENRICK RICHARDS Pres. 07/01/03 305-948-0706

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

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 154572 7384269

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 900.00

RECEIVED
03 JUL 23 PM 12:38
OFFICE OF SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : July 1, 2003

ORDER TIME : 10:42 AM

ORDER NO. : 154572-005

CUSTOMER NO: 7384269

CUSTOMER: Mr. Ken Richards
Mr. Ken Richards
1800 North 171 Street

North Miami Bea, FL 33162

DOMESTIC FILINGS

NAME: SHANTREY, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____