Page 1st

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P010000 22 325  1. Copposition Name  SHAM ROCK PURCH2SING & SHIPPING INC  2. Principal Office Address  8. 12 SIND AND AVE  8. 12 SIND AND AVE  Suite, April A III.  Cay & State  Country  To Be Business in Profits  To Be Business  T		PORATION STATEMEN		FLORIDA DEPA Secre	ary of S	State	ATE		06		ED 3 四田:	42	
2. Principal Office Address 81 25 NW 74 AVE 85 Date Incorporated or Qualified To be Business in Finded 03 10 2 200 1 85 FEB Number 1 Pool Augmentation 95 CENTIFICATE OF STATUS DESIRED 1 STATUS D	1. Corporation Name								ÈĤ		•		
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Suite, Apt. #, etc.  # 7  Suite, Apt. #, etc.  # 7  City & State  Country  FL  Country  Country  To PEL  Country  To Name and Address of Current Registered Agent  City & State  To Country  T									03/20/0601021022 **600.00				
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City & State  Medley  City & State  Medley  Country  FL  Country  FL  Country  FL  Country  To Do Business in Florida  To Do Busi		_		1	` ` <u>.</u> _				oorated or	Qualified			
The Country 33166 FL Surface Country State   South State		-1		· · · · · · · · · · · · · · · · · · ·									
Zip Country  S 3 1 6 6  FL Country  S A GERTIFICATE OF STATUS DESIRED  7. Name and Address of Current Registered Agent  Name  LINET FRENCH  Street Address (P.O. Box Number is Not Acceptable)  8 1 2 5	med	lay											
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite. Apt. H. Etc.  City MIAMI  State Zip Code FL 33 1 6 6  8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 697.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  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  Name of Officers  Name o	Zip			zip *				6.	•		\$8.75 Additi	onal Fee required	
Street Address (P.O. Box Number is Not Acceptable)  8. 12.5													
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dafe Daylime Phone #	SIGNAT												

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## SHAMROCK PURCHASING & SHIPPING INC 8125 N.W. 74<sup>th</sup> Avenue, Suite #7 Medley, FL 33166 305-877-1099

March 9, 2006

Florida Department of State Division of Corporations Corporate Filings P. O. box 6327 Tallahasee, FL 32314

Dear Sirs

Re: Reinstatement of Shamrock Purchasing & Shipping Inc. – P01000022325

As a follow up to telephone conversation on March 9, 2006, this serves to confirm that Shamrock Purchasing & Shipping Inc. has not received any notices for Annual Reports for the years 2002 to 2006; and the Officers of the company were never informed by the Agent that the filing of the Annual Reports were in arrears. It is based on this fact, that we are requesting a waiver of the Reinstatement Fees and all other fees pertaining to the dissolution of our company.

Should you have any questions, please do not hesitate to contact us.

Sincerely

. Linette French