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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000022325

1. Corporation Name

SHAMROCK PURCHASING & SHIPPING INC

2. Principal Office Address

8125 NW 74th AVE

Suite, Apt. #, etc.

#7

City & State

Medley

Zip

FL

Country

33166

3. Mailing Office Address

8125 NW 74th AVE

Suite, Apt. #, etc.

#7

City & State

Medley

Zip

FL

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/2001

5. FEI Number

650355437

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

LINET FRENCH

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

8125 NW 74 AVE, MEDLEY

Suite, Apt. #, Etc.

7

City

MIAMI

State

FL

Zip Code

33166

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

Laped

REGISTERED AGENT MUST SIGN

Date 03/09/06

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
PO	HUBERT FRENCH	8125 NW 74 AVE	MIAMI FL. 33166
VP	LINET FRENCH	8125 NW 74 AVE	MIAMI FL. 33166

3/15/06

REINSTATEMENT

02-06

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 contained in Chapter 119, 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:

Laped

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/06 305 9811 099

Date

Daytime Phone #

Handwritten signature

SHAMROCK PURCHASING & SHIPPING INC
8125 N.W. 74th 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
Tallahassee, 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

Handwritten signature of Linette French
Linette French