2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2007
Secretary of State

DOCUMENT# P02000064257

Entity Name: SHINN & ASSOCIATES, INC.

Current Principal Place of Business:

17 GOURDS COURT W
HOMOSASSA, FL 34446

New Principal Place of Business:

11265 N BLACKFOOT PT
DUNNELLON, FL 34434

Current Mailing Address:

17 GOURDS COURT W
HOMOSASSA, FL 34446

New Mailing Address:

11265 N BLACKFOOT PT
DUNNELLON, FL 34434

FEI Number: 37-1480039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHINN, JOHN
17 GOURDS COURT W
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

SHINN, JOHN
11265 N BLACKFOOT PT
DUNNELLON, FL 34434 US

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.

SIGNATURE: JOHN SHINN 10/10/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHINN, JOHN
Address: 17 GOURDS COURT W
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) Delete
Name: SHINN, SONDRA L
Address: 17 GOURDS COURT W
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SHINN, JOHN
Address: 11265 N BLACKFOOT PT
City-St-Zip: DUNNELLON, FL 34434

Title: D (X) Change ( ) Addition
Name: SHINN, SONDRA L
Address: 11265 N BLACKFOOT PT
City-St-Zip: DUNNELLON, FL 34434

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SHINN D 10/10/2007
Electronic Signature of Signing Officer or Director Date