

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 15

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117795

1. Corporation Name

Shive Ventures Inc.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

1590 34 St. S

Suite, Apt. #, etc.

City & State

St. Petersburg

Zip

33711

Country

USA

3. Mailing Office Address

1590 34 St. S.

Suite, Apt. #, etc.

City & State

St. Petersburg

Zip

33711

Country

USA

11-13

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
11/01/2002

5. FEI Number

05-0544209

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Segal & Schuh Law Group, P.L.

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

13575 58th Street N.

Suite, Apt. #, etc.

140

City

Clearwater

State

FL

Zip Code

33760

400253084184
10/22/13--01015--009 **1050.00

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

[Signature]

Date 10/17/2013

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	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Deosarran Shivpaul	451 34 St. N.	St. Petersburg, FL 33711

OCT 22 2013

S. PRATHER

10. E-mail Address: lee@segalschuh.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature] DEOSARRAN SHIVPAUL

10/17/2013

Date

Daytime Phone #

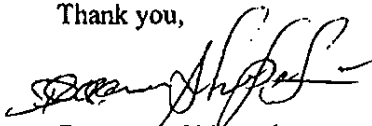
From the Desk of Deosarran Shivpaul

10/17/2013

I am the president and sole shareholder of Shive Ventures, Inc. Document Number P02000117795. The Company with document number P12000091290 was mistakenly formed by me as I intended to reinstate the P02000117795 company. I have voluntarily dissolved the 2012 corporation and have no intention of reinstating the 2012 corporation, and would like to reinstate the 2002 corporation. Attached is the application for reinstatement, with a check.

If you have any questions, please call my attorney, Lee Segal, and registered agent at 727-824-5775.

Thank you,

A handwritten signature in black ink, appearing to read 'Deosarran Shivpaul', written over a horizontal line.

Deosarran Shivpaul