

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -2 AM 9: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000039769

1. Corporation Name

SHIFT NOW, INC

2. Principal Office Address

2830 COUNTRYSIDE BLVD

Suite, Apt. #, etc.

211

City & State

CLEARWATER FL

Zip

33761

Country

USA

3. Mailing Office Address

2830 COUNTRYSIDE BLVD

Suite, Apt. #, etc.

211

City & State

CLEARWATER, FL

Zip

33761

Country

USA

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-02A1919

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

THEODORE E TILLSON

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

2917 BAYVIEW DRIVE

Suite, Apt. #, Etc.

APT B

City

SAFETY HARBOR

500074535615

05/14/06--01001--024 **450.00

State

FL

Zip Code

34695

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

Theodore E Tillson
REGISTERED AGENT MUST SIGN

Date

4/28/06

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 |
|-----------|--------------------------------------|---|-------------------------|
| PRES | THEODORE E TILLSON | 2917 BAYVIEW DRIVE APT B | SAFETY HARBOR, FL 34695 |
| V PRES | WILLIAM A. GLOVER | 2830 COUNTRYSIDE BLVD #211 | CLEARWATER, FL 33761 |
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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:

THEODORE E TILLSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/06

Daytime Phone #

727 799 3473