2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 02, 2007
Secretary of State

DOCUMENT# P03000051891

Entity Name: SHAWN M. QUIRK, INC.

Current Principal Place of Business:

9605 MONTAGUE ST
TAMPA, FL 33626

New Principal Place of Business:

12413 HIDDEN BROOK DR.
TAMPA, FL 33624

Current Mailing Address:

9605 MONTAGUE ST
TAMPA, FL 33626

New Mailing Address:

12413 HIDDEN BROOK DR.
TAMPA, FL 33624

FEI Number: 54-2024545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

QUIRK, PAMELA
5456 GINGER COVE DRIVE
APT A
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

QUIRK, PAMELA
12413 HIDDEN BROOK DR
TAMPA, FL 33624 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: SHAWN QUIRK 01/02/2007
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: TD ( ) Delete
Name: QUIRK, PAMELA
Address: 5456 GINGER COVE DR. APT A
City-St-Zip: TAMPA, FL 33624

Title: PD ( ) Delete
Name: QUIRK, SHAWN
Address: 5456 GINGER COVE DR. APT A
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: QUIRK, PAMELA
Address: 12413 HIDDEN BROOK DR
City-St-Zip: TAMPA, FL 33624

Title: PD (X) Change ( ) Addition
Name: QUIRK, SHAWN
Address: 12413 HIDDEN BROOK DR.
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAWN QUIRK PR 01/02/2007
Electronic Signature of Signing Officer or Director Date