

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 AUG 14 A 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400159602774
08/14/09--01050--006 **300.00

CR2E081 (12/08)

DOCUMENT # P03000132497

1. Corporation Name

SHRINKINK, INC.

2. Principal Office Address - No P.O. Box #
400 EXECUTIVE CENTER DR

3. Mailing Office Address
400 EXECUTIVE CENTER DR

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip Country
33401 USA

Zip Country
33401 USA

4. Date incorporated or Qualified
To Do Business in Florida 11/14/2003

5. FEI Number
20-0399563

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
TRACY HANLON

Street Address (P.O. Box Number is Not Acceptable)
400 EXECUTIVE CENTER DR

Suite, Apt. #, Etc.
202

City
WEST PALM BEACH

State Zip Code
FL 33401

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 _____

Date _____

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
P	TRACY HANLON	400 EXECUTIVE CENTER DR 202	WEST PALM BEACH, FL 33401

REINSTATEMENT
08-09
JLB

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:

Tracy Hanlon

TRACY HANLON, PRESIDENT

8-9-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #