

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P03000137608		
1. Corporation Name <i>Shannon P. Robbins Inc.</i>		

2. Principal Office Address 8222 Alveron Ave Suite, Apt. #, etc.	3. Mailing Office Address Same Suite, Apt. #, etc.
City & State Orlando FL	City & State
Zip 32817	Country USA

500068109355
03/20/06-01024--021 **1058.75
REINSTATEMENT 04-06

4. Date Incorporated or Qualified To Do Business in Florida 11/21/2003	
5. FEI Number 20-0407444	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <i>Shannon P. Robbins</i>			
Street Address (P.O. Box Number is Not Acceptable) 8222 Alveron Ave.			
Suite, Apt. #, Etc. <i>BB</i>			
City <i>Orlando</i>		State FL	Zip Code 32817

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 *X Shannon Robbins* Date **3/6/06**
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Shannon P. Robbins	8222 Alveron Ave	Orlando FL 32817

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.

K. Eckel MAR 14 2006

SIGNATURE: *X Shannon Robbins* Date **3/6/06** Daytime Phone # **407-227-8123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR