PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1		1
CORPORATION REINSTATEMENT	Secretary of State Division of Corporations	FILED
DOCUMENT #		08 APR - 1 AM 10: 33
1. Corporation Name		SECRETARY OF STATE
SHOYTUSH, INC.		TALLAHASSEE, FLORIDA
P04000075219		
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	
4751 LONGWOOD AVE	4751 LONGWOOD AVE	CR2E081 (12/07)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date incorporated or Qualified
City & State	City & State	To Do Business in Florida 5//0/2 9 0 4/ 5. FEI Number Applied For
HOLLDAY, FLORIDA	HOLIDAY, FLORIDA	201201025 Not Applicable
34690 Country USA	HOLIDAY, FLORIDA Zip Country 34690 USA	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name STEVEN M. SHOYTUSH		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable)		the prior notices. By checking this box, you
Suite, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement
City , /	State Zip Code	fee be waived.
HOLIDAY	FL 34690	
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		
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 Eac Officer and/or Directo	
PITIS STEVEN M SHOY-	TUSH 4751 LONGNOOD +	AVE HOLIDAY, FR 34690
06-08		
06-08 900121770459 04/01/0801010003 **450.00		
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: 4-1-08 727-485-6272 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		