

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000111968

1. Corporation Name

SHIRLEY INTERNATIONAL REALTY INC.

2. Principal Office Address - No P.O. Box #

2100 Constitution Blvd.

Suite, Apt. #, etc.

Suite 180

City & State

Sarasota, FL

Zip

34231

Country

U.S.

3. Mailing Office Address

2100 Constitution Blvd.

Suite, Apt. #, etc.

Suite 180

City & State

Sarasota, FL

Zip

34231

Country

U.S.

FILED  
08 SEP 29 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

May 2006

5. FEI Number

65.1257606

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

Justin Shirley

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

3407 10th Lane West

Suite, Apt. #, Etc.

City

Palmetto

State

FL

Zip Code

34221

☒ 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.

\$300.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

9-21-2008

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
Broker	Robert F. Drabik	1313 S. Lakeshore Dr.	Sarasota, FL 34236

900136532679  
10/01/08--01043--013 \*\*300.00

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:

*Robert F. Drabik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 21, 2008

Date

741-924-1809

Daytime Phone #