

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000143979

1. Entity Name
SHIRE SOLUTIONS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 22 AM 11:37

Principal Place of Business
4552 AZORA ROAD
SPRINGHILL, FL 34608

Mailing Address
4552 AZORA ROAD
SPRINGHILL, FL 34608

12/21/07 01009 011 150.00



2. Principal Place of Business - No P.O. Box #

7911 Augusta Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Hudson, 1

Suite, Apt. #, etc.

City & State

FL

City & State

Zip

34667

Country

Same

Zip

Country

02112008

REIN-P

CR2E098 (1/07)

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHIRE, JULIE
4552 AZORA ROAD
SPRINGHILL, FL 34608

7. Name and Address of New Registered Agent

Name

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

7911 Augusta Blvd
Hudson FL 34667

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SHIRE, WILLIAM
4552 AZORA ROAD
SPRINGHILL, FL 34608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
7911 Augusta Blvd
Hudson, FL 34667

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
900119550609
03/06/08--01017--009 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
B2/22/08

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
REINSTATEMENT 07-08

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #