

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000090626

1. Corporation Name

SHAY INVESTMENT GROUP, INC.

Principal Place of Business

**5400 OCEAN BLVD.
 SUITE 93
 SARASOTA FL 34242**

Mailing Address

**5400 OCEAN BLVD.
 SUITE 93
 SARASOTA FL 34242**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/13/1994

5. FEI Number

65-0545934

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required for a Certificate of Status

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

| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director | 4. City / State / Zip |
|-------------|--------------------------------------|---|-----------------------|
| D | SHAYGAN, ALI | 5400 OCEAN BLVD., SUITE 93 | SARASOTA FL 34242 |
| P | SHAYGAN, MOHAMMAD | 5400 OCEAN BLVD #93 | SARASOTA FL |
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500003079385--0
12/23/99-01057-001
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

**SHAYGAN, ALI
 5400 OCEAN BLVD.
 SUITE 93
 SARASOTA FL 34242**

9. Name and Address of New Registered Agent

Name **MILFORD INGANAMORT**
 Street Address (P.O. Box Number is Not Acceptable) **3685 Bee Ridge Rd.**
 Suite, Apt. #, Etc.
 City **SARASOTA** State **FL** Zip Code **34233**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/15/99

11. 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 under section 119.07(3)(i), 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:

Mohammad Shaygan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 1/99
 Date

(941) 780-5290
 Daytime Phone #

KE