

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 24 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064580

1. Corporation Name
SHATTO, INC.

Principal Place of Business Mailing Address
5001-20TH AVE N 5001-20TH AVE N
ST PETERSBURG FL 33710 ST PETERSBURG FL 33710



REINSTATEMENT

98

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/30/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3418764	
Country		Country		Applied For	
		St. Petersburg, FL		Not Applicable	
		33743-7934 Pinellas		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				\$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PDS	O'DELL, SHARON S	5001-20TH AVE N	ST PETERSBURG FL
VDT	O'DELL, ROBERT P	5001 20TH AVE NO	ST PETERSBURG FL

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'DELL, SHARON S 5001-20TH AVE N ST PETERSBURG FL 33710		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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 Sharon S. O'Dell **NOT REQUIRED** Date December 21, 1998
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(j), 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: Sharon S. O'Dell **NOT REQUIRED** Date December 21, 1998 Daytime Phone # 727/550-9714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)