

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 22 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000064091**

1. Corporation Name

SHANNON DEVELOPMENT COMPANY, INC.

600051656466

04/22/05--01052--022 **1102.50

2. Principal Office Address

1150 Central Avenue

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34102

Country

USA

3. Mailing Office Address

c/o The Beechwood Company

Suite, Apt. #, etc.

Suite 850, 1001 Liberty Ave.

City & State

Pittsburgh, PA

Zip

15222

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-24-1997

5. FEI Number

650784474

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

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

REINSTATEMENT

03-05

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.

NRAI Services, Inc.

Signature of
Registered Agent

by: *Zulema M. Howarth, Asst. Secy*

REGISTERED AGENT MUST SIGN

Date

4-20-05

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
D	JOHN F. DONAHUE	SUITE 850, 1001 LIBERTY AVENUE	PITTSBURGH, PA 15222
D	J. CHRISTOPHER DONAHUE	SUITE 850, 1001 LIBERTY AVENUE	PITTSBURGH, PA 15222
P/D/T	THOMAS R. DONAHUE	SUITE 850, 1001 LIBERTY AVENUE	PITTSBURGH, PA 15222
VP	DANIEL C. MCGROGAN	SUITE 850, 1001 LIBERTY AVENUE	PITTSBURGH, PA 15222
S	MICHAEL J. MAGLIO	SUITE 850, 1001 LIBERTY AVENUE	PITTSBURGH, PA 15222

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 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:

Daniel C. McGrogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2005 412-471-6420

Date

Daytime Phone #

T. Lewis

CR2E081 (10/02)