

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 30 AM 9:23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000020225

1. Corporation Name IAN SHELL CONTRACTING SERVICES INCORPORATED

Principal Place of Business P.O. BOX 272208 BOCA RATON FL 33427 Mailing Address P.O. BOX 272208 BOCA RATON FL 33427



REINSTATEMENT

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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 03/02/1998 5. FEI Number EIN 65-0817489 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for Karen Lindholm at 6097 Boca Del Mar Dr., Boca Raton FL 33433.

900003095329--4 -01/12/00--01002--011 ***750.00 ***750.00

8. Name and Address of Current Registered Agent LINDHOLM, KAREN 6097 BOCA DEL MAR DR. BOCA RATON FL 33433 9. Name and Address of New Registered Agent

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 SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date 10-27-99

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Karen Lindholm Date 10-27-99 Daytime Phone # 561-988-1856