

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
2000
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 19 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PC0000038265**

1. Corporation Name

Sho22er Time, Inc.

700003447927--2

-11/02/00--01001--017

******150.00 ****150.00**

2. Principal Office Address

1951 Porter Lake Drive

Suite, Apt. #, etc.

Suite E

City & State

Sarasota, FL

Zip

34240

Country

Sarasota

3. Mailing Office Address

1951 Porter Lake Drive

Suite, Apt. #, etc.

Suite E

City & State

Sarasota, FL

Zip

34240

Country

Sarasota

4. Date Incorporated or Qualified
To Do Business in Florida

4-9-98

5. FEI Number

65-0836250

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

G. Philip Tyson

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

1951 Porter Lake Drive

Suite, Apt. #, Etc.

Suite E

City

Sarasota

State

FL

Zip Code

34240

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.

Signature of

Registered Agent

G. Philip Tyson

REGISTERED AGENT MUST SIGN

Date **10-17-2000**

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
P.	G. Philip Tyson	1951 PORTER LAKE D., Suite E	SARASOTA, FL 34240

SP

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:

G. Philip Tyson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-2000 941-377-5336

Date

Daytime Phone #

CR2E081 (9/99)

Agigroup.com!

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October 16, 2000

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

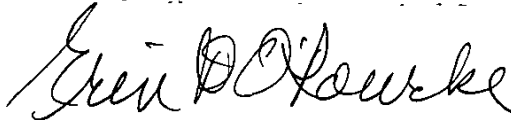
RE: Corporation reinstatement

Dear Sirs:

Please process the attached reinstatement form promptly. We never received our renewal forms for Shuttertime, Inc. due to the fact that the wrong address was on file at your office. Your records have been corrected and the reinstatement form attached submitted for processing.

We have also enclosed our check in the amount of \$150 for processing. This fee amount was indicated by your office on 10/6/00 due to incorrect mailing address.

Sincerely,



Erin D. O'Rourke
Office Manager

Enclosures