


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Catherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000033265			
1. Corporation Name Shuttertime, Inc.			
2. Principal Office Address 1951 Porter Lake Dr. Suite, Apt. #, etc. Unit E City & State Sarasota, FL Zip 34240 Country USA		3. Mailing Office Address 1951 Porter Lake Dr. Suite, Apt. #, etc. Unit E City & State Sarasota, FL Zip 34240 Country U.S.A	

4. Date Incorporated or Qualified To Do Business in Florida 4-9-98	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 650836250	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Tyson, G. Philip	
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	Date 11-28-2001
REGISTERED AGENT MUST SIGN	

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	Tyson, G. Philip	1951 Porter Lake Dr. Ste. E	Sarasota, FL 34240

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)(f), 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	G. Philip Tyson President 11-28-2001 941-377-5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date Daytime Phone #	

Shuttertime, Inc.

1951 Porter Lake Drive Unit E
Sarasota, FL 34240

2002

November 28, 2001

Florida department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I am writing to you to request reinstatement of our corporation. Our company did not receive the initial Uniform Business Report that was to be filed earlier this year.

Enclosed is the application for reinstatement and filing fee of \$150.00. Your help in this matter is greatly appreciated.

Sincerely,


Shuttertime, Inc.

G. Philip Tyson
President