PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -1 PM 3:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000056325

1. Corporation Name
SHYROLLING C-2000, INC.

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
2925 NW 116th Terrace	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Coral Springs, Florida	
Zip / Country	Zip / Country
33065 / USA	

4. Date Incorporated or Qualified To Do Business in Florida: July 10, 1998

5. FEI Number: 650859119 ☐ 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: Shylov Figaro Germain

Street Address (P.O. Box Number is Not Acceptable): 2925 NW 116th Terrace

Suite, Apt. #, Etc.:

City: Coral Springs | State: FL | Zip Code: 33065

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 _____ Date 2-26-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Shylov Figaro Germain	2925 NW 116th Terrace	Coral Springs, Fl 33065
VP	Yolande Figaro Germain	2925 NW 116th Terrace	Coral Springs, Fl 33065
S	Laurie-Ann Finelli	2925 NW 116th Terrace	Coral Springs, Fl 33065
T	Fritzner Germain	2925 NW 116th Terrace	Coral Springs, Fl 33065

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: Shylov Figaro Germain 2-26-04 954-340-1312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SHY LOV FIGARO GERMAIN

2925 North West 116th Terrace
Coral Springs, Florida 33065
USA

Phone 954-340-1312

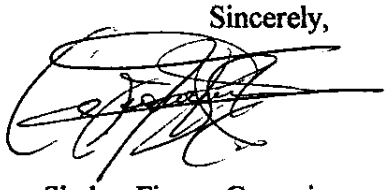
February 09. 2004

BUSINESS OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

Greeting:

I did not receive the form of the 1st notice report to pay for the year 2003 for SHYROLLING C-2000, INC. #650859119. I will like the late fee to be waived. Enclosed is a check of $300.

Sincerely,



Shylov Figaro Germain