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 NOV 22 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000085545

1. Corporation Name

SHORTGRASS TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
~~4608 AYRON TERR.~~ ~~PALM HARBOR FL 34685~~	~~4608 AYRON TERR.~~ ~~PALM HARBOR FL 34685~~

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
121 North Osceola Ave	121 North Osceola Ave
Suite, Apt. #, etc.: Suite 312	Suite, Apt. #, etc.: Suite 312
City & State: Clearwater Florida	City & State: Clearwater Fl.
Zip: 33755 Country: USA	Zip: 33755 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 10/06/1998

5. FEI Number: 37-1381353 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres	MATTHEW G Berry	150 E Pleasant Hill Rd Ste 205	CARBONDALE, IL 62901
VP	Thomas A DAVIS	121 North Osceola Ave Ste 312	Clearwater, Fl 33755
			400003058944--0
			-12/02/99--01056--018
			****750.00 ****750.00
		REINSTATEMENT 99	TS

8. Name and Address of Current Registered Agent

~~DAVIS, THOMAS A~~
~~4608 AYRON TERR.~~
~~PALM HARBOR FL 34685~~

9. Name and Address of New Registered Agent

Name: Thomas A DAVIS
Street Address (P.O. Box Number is Not Acceptable): 121 North Osceola Ave Ste 312
Suite, Apt. #, Etc.:
City: CLEARWATER State: FL Zip Code: 33755

CR2E040 (8/98)

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: Thomas A Davis REQUIRED
REGISTERED AGENT MUST SIGN
Date: 11/10/99

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

SIGNATURE: Thomas A Davis REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/10/99
Daytime Phone #

6004648 AP