## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

**DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

P98000085545

1. Corporation Name

## SHORTGRASS TECHNOLOGIES, INC.

Principal Place of Business Mailing Address 121 NORTH OSCEOLA AVE 121 NORTH OSCEOLA AVE

REMSTA	ITEMENT	2002

FILED

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CACCOLIACY OF STATE TALLAHASSEE, FLORIDA

STE. 312 CLEARWAT US	ER FL 33755		STE. 312 CLEARWATER US	R FL 33755			REN	STATEME	MT 70		
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		incorrect in any way, line thr	•				4 800 1000		<del> </del>		
2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable  12955 5742KCI/KD					4. Date Incorporated or Qualified To Do Business in Florida 10/06/1998						
Suite, Apt. #, etc. Suite, Apt. #,											
3900		60; FL					plied For				
City & State City & State							t Applicable -				
Zip		Country	Zip 5 3 7	2	Country	,	6. CERTIFICATE	OF STATUS DESIRED	8.75 Additional for a Certificat		
7. Names a	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprofi	t corpora	tions must list at lea	ast 3 directors)		,		
Title(s)			Street Address of Each Officer and/or Director		City / State / Zip						
D	BERRY, MATTHEW		150 E PLEASANT HILL RD, STE. 205			CARBONDALE FL 62901					
D	DAVIS, THOMAS A		121 NORTH OSCEOLA AVE, STE. 312			CLEARWATER FL 33755					
PCEO PIZZOLATO, RICH		121 N OSCEOLA AV STE 312		CLEARWATER FL 33755							
-											
					50001013197 <u>5</u>						
			•	U1715703==U1U65==U04 **750.100							
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent						
			, "			Name	241 11	1/11/11/15/7		(8/02)	
PIZZOLATO, RICH				P. NATHAN HIGHTOVETZ.  Street Address (P.O. Box Number is Not Acceptable)							
121 NORTH OSCEOLA AVE			625 COURT STREET					CR2E040			
STE. 312			Suite, Apt. #, Etc.								
CLEARWATER FL 33755			SUITE 200   State   Zip Code								
							WATER	F		56	
10. I, being	appointed the	registered agent of the abo	ve named corpo	ration, am fa	ımiliar wit	h and accept the ol	bligations of Section	on 607.0505, F.S. or 617.05			
		$\sim$				-				}	
Signature of		A STARAT				IRED		Date 12/12/0	19		
Registered /	Agent	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GISTERED AC					Date			
	REGISTIFIED AGENT MUST SIGN										

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:** 

OF SIGNING OFFICER OR DIRECTOR

12/10/02

Daytime Phone #