PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
00 JAN 28 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000090246

1. Corporation Name
SHD, Inc.

REINSTATEMENT 99-10

2. Principal Office Address	3. Mailing Office Address
10161 Centurion Pkwy N.	10161 Centurion Pkwy N.
Suite, Apt. #, etc. Suite 190	Suite, Apt. #, etc. Suite 190
City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32256 Country USA	Zip 32256 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/22/98

5. FEI Number: 59-3540173 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Bert C. Simon

100000311921--2
-02/01/00--01120--004
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 1660 Prudential Drive

Suite, Apt. #, Etc.: Suite 203

City: Jacksonville | State: FL | Zip Code: 32207

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: Bert C. Simon
REGISTERED AGENT MUST SIGN

Date: January 26, 2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

CR2E0

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Edward E. Burr	10161 Centurion Pkwy N #190	Jacksonville, FL 32256
VP	Roger F. Postlethwaite	10161 Centurion Pkwy N #190	Jacksonville, FL 32256
			LS

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: Roger F. Postlethwaite — 1/26/2000 — 904 998 8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #