PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State			FILED 10 MAY 13 AM 11: 50	
	DIVISION OF C	ORPORATIONS			
DOCUMENT # P98000 100788			SECRETARY OF STATE! FABLAMASSEE, FLORIDA		
SHP Realty, WC					
Principal Office Address - No P.O. Box #	2 1000 000 1100		09	400180843804 5/13/1001029014 **1508.75	
DEI Pack of Co.		RE	INSTATEMENT 05		
Suite, Apt. #, etc. Suite, Apt. #, etc.			CR2E081 (4/10)		
Site 128				porated or Qualified ness in Florida 1998	
ly & State City & State		5. FEI Numbe			
Loca Katon, FU			65-		
33/87 Country USA	Zip	Country	6. CERTIFICATE	S8.75. Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent				PROFIT CORPORATIONS ONLY	
Name Nancy Colman bantz & Colman up			☐ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Street Address (P.O. Box Number is Not Acceptable)					
Suite, Apt. #, Etc.					
SU.1K 102					
State Sip Code FL 334/8')					
8. I, being appointed the registered agent of the above regned corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent // REGISTERED AGENT MUST SIGN				Date 5/12/10	
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		Cily / State / Zip	
f Martin Peanter		751 Park of Commerce Drice Scrife 128 751 Park of Commerce Dr		Born Ratin, Er 334P)	
MRST JEFFREY Prinks		TSI Park of Commerce Dr Suite 129		Buca Ration F23318)	
				£5/14	
10. E-mail Address: GWILLAMS GO-HOSTAIL MG. +. COM (To be used for future admust report notification)					
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 807,0401 or 817,0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					
SIGNATURE AND	YPEU OR PRINTED NAME OF	SIGNING OFFICER OR DIRECTO	/K	Date Daytime Phone #	