

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: *page 1 of 2*

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000063821

1. Corporation Name

ISHOP.SECURE.COM, INC.

Principal Place of Business

Mailing Address

703 LAKE BLVD.
WESTON FL 33326

703 LAKE BLVD.
WESTON FL 33326



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3335 N. University Drive 3335 N. University Drive

City & State

City & State

DAVIC, FL

DAVIC, FL

Zip

Country

Zip

Country

33024 USA

33024 USA

5. FEI Number

65-0992558

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
D	MCDONNELL, JOSEPH	703 LAKE BLVD.	WESTON FL 33326

600003446546--2
-11/01/00--01035--005
****150.00 ****150.00

004B21TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCDONNELL, JOSEPH
703 LAKE BLVD.
WESTON FL 33326

Name

Joseph A. McDonnell

Street Address (P.O. Box Number is Not Acceptable)

3335 N. University Drive

Suite, Apt. #, Etc.

City

DAVIC

State

FL

Zip Code

33024

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/23/00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/23/00

Daytime Phone # 954-438-2711

CR2E040 (8/00)

Page 2 of 2

i\$hop SECURE.Com, Inc.

MONDAY, OCTOBER 23, 2000

SIRS/MADAM
DIVISION OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

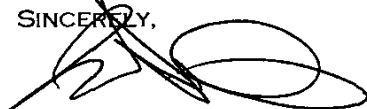
DEAR SIRS/MADAM:

PLEASE BE ADVISED AND AS PER OUR CONVERSATION TODAY, WE HAVE NOT RECEIVED THE ORIGINAL NOTICE FOR THE AFOREMENTIONED CORPORATION. WE HAVE MOVED FROM THE ORIGINAL LOCATION IN WESTON, FL TO THE NEW ADDRESS BELOW ALMOST 4 MONTHS AGO. MANY OF THE FILES FOR THIS COMPANY AS WELL AS OUR OTHER COMPANY, FOR LIFE PRODUCTS, INC., WERE SUBSEQUENTLY DESTROYED DURING THE FLOODING WHICH TOOK PLACE HERE OVER THE PAST FEW MONTHS. AS SUCH, I RESPECTFULLY REQUEST THAT YOU KINDLY ACCEPT OUR APOLOGIES FOR THE DELINQUENT FILING AND PLEASE REINSTATE THIS CORPORATION AS SOON AS POSSIBLE AND PLEASE WAIVE ANY PENALTIES ASSOCIATED THEREWITH.

I HAVE ENCLOSED THE FILING FEE OF \$150.00.

PLEASE CALL ME WITH ANY QUESTIONS.

SINCERELY,



JOSEPH A. MCDONNELL
CEO/CHAIRMAN

ISHOPSECURE.COM, INC

3335 NORTH UNIVERSITY DRIVE, DAVIE, FL 33024
PHONE: (954) 438-2711 FAX: (954) 438-2712

E-MAIL: JMC DONNELL@ISHOPSECURE.COM

WWW.ISHOPSECURE.COM