

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 27 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H26875**

1. Corporation Name
SHAKED ENTERPRISES, INC.,

Principal Place of Business Mailing Address
**13005 Biscayne Boulevard
North Miami, Florida 33181**

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 10/24/84	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2463316	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	8. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.	

REINSTATEMENT

M-R

AD

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 (Do NOT use Post Office Box Numbers)	4. City / State / Zip
PD	Jack Shaked	2081 NE 216th Street	N. Miami Beach, Florida
STD	Ester Shaked	2081 NE 216th Street	N. Miami Beach, Florida

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-03/03/98--01047--013
****900.00 ****900.00

6. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Allan M. Glaser, P.A. Attorney at Law Biscayne Centre, Suite 307 11900 Biscayne Boulevard Miami, FL 33181		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *Allan M. Glaser* Date: **2/24/98**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *X [Signature] PRES* 01/26/98
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR
JACK SHAKED