

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000056282

FILED
Sep 21, 2007
Secretary of State

Entity Name: SHKOL, INC.

Current Principal Place of Business:

C/O SHOOP MOTORS
1605 ALTON CT
MIAMI BCH, FL 33139 US

Current Mailing Address:

339 POINCIANA
SUNNY ISLES, FL 33160 US

New Principal Place of Business:

C/O SHOOP MOTORS
1605 ALTON CT
MIAMI BEACH, FL 33139 US

New Mailing Address:

339 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 65-0430300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHKOLNIK, RAUL
339 POINCIANA ISLAND
SUNNY ISLAND, FL 33160 US

Name and Address of New Registered Agent:

SHKOLNIK, RAUL
275 WEST 33RD STREET
MIAMI BEACH, FL 33140 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RAUL SHKOLNIK

09/21/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SHKOLNIK, ALEX
Address: 339 POINCIANA ISL
City-St-Zip: SUNNY ISL, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHKOLNIK, ALEXANDER
Address: 339 POINCIANA ISLAND DRIVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: V () Change (X) Addition
Name: SHKOLNIK, RAUL
Address: 275 WEST 33RD STREET
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER SHKOLNIK

P

09/21/2007

Electronic Signature of Signing Officer or Director

Date