

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 8:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000056282**

1. Corporation Name

**SHKOL, INC.**

Principal Place of Business

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

Mailing Address

339 POINCIANA  
 SUNNY ISLES FL 33160  
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02-03



200011890572  
 04/08/03--01007--001 \*\*141.25

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/11/1993

5. FEI Number

65-0430300

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
V	SHKOLNIK, ALEX	339 POINCIANA ISL	SUNNY ISL FL 33160

200011890572  
 02/05/03--01088--013 \*\*758.75

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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. or 617.0505, F.S.

Signature of Registered Agent Raul Shkolnik REGISTERED AGENT MUST SIGN Date 12-05-02

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: Raul Shkolnik SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12-5-02 Daytime Phone # \_\_\_\_\_

CR2E040 (9/02)