


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 AUG 17 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90-05

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 854629

1. Corporation Name
RADHEY SHAM, INC., N.V.

2. Principal Office Address Werfstraat 6		3. Mailing Office Address 350 Lincoln Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 315	
City & State Curacao		City & State Miami Beach, FL	
Zip	Country N.V.	Zip 33139	Country U.S.A.

4. Date incorporated or Qualified To Do Business in Florida 11/10/1982

5. FEI Number 98-0462915 **Applied For** **able**

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Atrium Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Avenue

Suite, Apt. #, Etc.
Suite 125

City
Coral Gables

State
FL

Zip Code
33146

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 8/16/05

REGISTERED AGENT MUST SIGN

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	City / State / Zip
P	Covenant Managers N.V.	Werfstraat 6	Curacao, Netherlands Antilles

10. 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: Represented by: Marjolein Greebe **08/10/2005** **+5999 4623700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (01/05)