

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUL 25 PH 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004309

1. Corporation Name

SHEFLINK.COM, INC.

2. Principal Office Address - No P.O. Box #

935 Stewart Dr.

Suite, Apt. #, etc.

City & State

Sunnyvale, CA

Zip

94085

Country

USA

3. Mailing Office Address

935 Stewart Dr.

Suite, Apt. #, etc.

City & State

Sunnyvale, CA

Zip

94085

Country

USA

REINSTATEMENT 01-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/2000

5. FEI Number

04-3509775

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 517.0503, F.S.

Signature of

Registered Agent

NASEEM A. CONDE

7/24/08

REGISTERED AGENT MUST SIGN SPECIAL ASST. SECRETARY

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
D/P	Steven Berglund	935 Stewart Dr.	Sunnyvale, CA 94085
D/V/T	Mark Harrington	935 Stewart Dr.	Sunnyvale, CA 94085
D/V/S	Irwin Kwatek	935 Stewart Dr.	Sunnyvale, CA 94085

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 contained in Chapter 118, 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: Irwin Kwatek IRWIN L. KWATEK, VP & Secy.

7-22-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/08

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT**SHELFLINK.COM, INC.**

Certificate of Status	0
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