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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 30 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F04000001641**

1. Corporation Name  
Sherman International Corporation

2. Principal Office Address 367 Mansfield Avenue Suite, Apt. #, etc.		3. Mailing Office Address 367 Mansfield Avenue Suite, Apt. #, etc.	
City & State Pittsburgh, PA		City & State Pittsburgh, PA	
Zip 15220	Country USA	Zip 15220	Country USA

REINSTATEMENT 05-07

4. Date Incorporated or Qualified To Do Business in Florida 06/14/1993

5. FEI Number  Applied For  Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable): 1203 Governors Square Blvd.,

Suite, Apt. #, Etc.: Suite 101

City: Tallahassee State: FL Zip Code: 32301-2960

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: M. Williams Date: 10/26/07

REGISTERED AGENT MUST SIGN Business Filings Incorporated, Mark Williams, AVP

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
Director	Om P Sharma	367 Mansfield Avenue	Pittsburgh, Pennsylvania 15220
President	Om P Sharma	367 Mansfield Avenue	Pittsburgh, Pennsylvania 15220
Vice-President	Krishna Sharma	367 Mansfield Avenue	Pittsburgh, Pennsylvania 15220
Secretary	Krishna Sharma	367 Mansfield Avenue	Pittsburgh, Pennsylvania 15220
Treasurer	Krishna Sharma	367 Mansfield Avenue	Pittsburgh, Pennsylvania 15220

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: Om P Sharma, President Date: 10-22-2007 Daytime Phone #: 412-928-2880

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