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H070002677343

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 30 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		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.

City & State

Pittsburgh, PA

Zip

15220

Country

USA

3. Mailing Office Address

367 Mansfield Avenue

Suite, Apt. #, etc.

City & State

Pittsburgh, PA

Zip

15220

Country

USA

REINSTATEMENT

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*

Om P Sharma, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-2007

412-928-2880

Daytime Phone #

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OCT-30-2007 12:06

210/31

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Division of Corporations

**Florida Department of State**  
Division of Corporations  
Public Access System

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Division of Corporations  
Fax Number : (850) 617-6364

From:

Account Name : BUSINESS FILINGS  
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Phone : (608) 827-5300  
Fax Number : (608) 827-5501

**CORPORATION REINSTATEMENT**

**SHERMAN INTERNATIONAL CORPORATION**

Certificate of Status	0
Certified Copy	0
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