

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY 14 AM 9:03

DOCUMENT # **F97000004893**

1. Corporation Name

Sharuco Management Ltd. Co.

Principal Place of Business

**P.O. Box 556
Charlestown, Nevis**

Mailing Address

**5800 Bch Blvd., 203-329
Jacksonville, Fla. 32207**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

9-19-97

5. FEI Number

98-0174689

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 (Do NOT Use Post Office Box Numbers)	4. FEI Number
Pres/VP	John Titley	P.O. Box 556	Charlestown, Nevis

REINSTATEMENT 98-99
dec

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Howell Graham; Warth

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

2141 Goltare Dr.

Suite, Apt. #, Etc

City

Jacksonville,

State

FL

Zip Code

32216

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.

Signature of Registered Agent

Howell Graham; Warth
REGISTERED AGENT MUST SIGN

Date

5.5.99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

John Titley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Titley

5-5-1999 869.4691612

Date

Daytime Phone #