PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 21 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 0/PL

DOCUMENT # K93040

1. Corporation Name SHEERSON CONSTRUCTION

2. Principal Office Address 3402 BRIDGE RD
Suite, Apt. #, etc. COOPER CITY
City & State FL 33026
Zip 33026 Country BROWARD

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 650129040 | 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 ZULFIQUAR SHEERMOHAMED
Street Address (P.O. Box Number is Not Acceptable) 3402 BRIDGE RD
Suite, Apt. #, Etc.
City Cooper City State FL 33026 Zip Code

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****900.00 ****900.00

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 [signature] REGISTERED AGENT MUST SIGN Date 10/18/2002

CR2E081 (9/01)

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
VP	AZEEZ SHEERMOHAMED	3402 BRIDGE RD Cooper City	Cooper City FL 33026
P	ZULFIQUAR SHEERMOHAMED	3402 BRIDGE RD	Cooper City FL 33026

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 [signature] ZULFIQUAR SHEERMOHAMED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/18/2002 Daytime Phone # 954-433-5776