

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 15 AM 9:19

DOCUMENT # N040000001381

1. Corporation Name

ShareKindness, Inc.

400135850924

09/15/08--01046--001 **183.75

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

2100 W. Flagler St

Suite, Apt. #, etc.

3. Mailing Office Address

5537 Sardinia St.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Coral Gables FL

Zip

33135

Country

U.S.

Zip

33146

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

2-11-04

5. FEI Number

20-0734649

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

Smilka Melgoza

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

2100 W. Flagler St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33135

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Smilka Melgoza

REGISTERED AGENT MUST SIGN

Date 9/11/08

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	Smilka Melgoza	5537 Sardinia St	Coral Gables FL 33146
D	Cesar Melgoza	5537 Sardinia St.	Coral Gables FL 33146
D	Jorge Luis Valenzuela	931 W. Brane River A.	Tucson, AZ 85704

REINSTATEMENT

06-08

B 9/16/08

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 119, 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:

Smilka Melgoza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/08

Date

786-200-1564

Daytime Phone #