PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 SEP 23 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 01-02 UBR

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

DOCUMENT # P000001 4611

200008138552--6
-10/02/02--01003--015
****308.75 ****308.75

01-02 UBR

1. Corporation Name
INTRASHARE RESOURCES INC

2. Principal Office Address	3. Mailing Office Address
C/O L. MORGENTER - 2328 GOLF	BROOK DR (SAME ADDRESS)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WELLINGTON FL	City & State
Zip: 33414 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 2/10/00

5. FEI Number: 65-0980299 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LOUIS MORGENTER

Street Address (P.O. Box Number is Not Acceptable): 2328 GOLF BROOK DR

Suite, Apt. #, Etc.:

City: WELLINGTON FL State: FL Zip Code: 33414

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: X Louis G. Morgenter Date: 9/20/02
REGISTERED AGENT MUST SIGN

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
Pres/Treas	LOUIS MORGENTER	2328 GOLF BROOK DR	WELLINGTON FL 33414

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: X Louis Morgenter LOUIS MORGENTER Pres/Treas 561-34-7796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #