

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000014611

1. Corporation Name

INTASHARE RESOURCES INC

2. Principal Office Address

11924 FOREST HILL BLVD

Suite, Apt. #, etc.

2N-154

City & State

WELLINGTON FL

Zip

33414-6258

Country

USA

3. Mailing Office Address

2328 GOLF BROOK DR

Suite, Apt. #, etc.

City & State

WELLINGTON FL

Zip

33414

Country

USA

FILED
06 FEB 13 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400066370334
02/22/06--01020--006 **300.00

REINSTATEMENT
CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

FEB 17 2005
2/17/05

5. FEI Number

65-0980299

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

LOUIS MORGENTHAU

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

2328 GOLF BROOK DR

Suite, Apt. #, Etc.

City

WELLINGTON

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/11/06

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
<u>Pres/Secy</u>	<u>LOUIS MORGENTHAU</u>	<u>2328 GOLF BROOK DR</u> <u>WELLINGTON FL 33414</u>	<u>WELLINGTON FL</u> <u>33414</u>
<u>Secy-Director</u>			

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/06

Daytime Phone #

561-70

JEFF R. PEARLMAN
CERTIFIED PUBLIC ACCOUNTANT

2/2
224 WEST 30th ST. SUITE # 701
NEW YORK, NY 10001
TEL (212) 714-9565, FAX (212) 714-1071

October 27, 2005

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re# *INTASHARE Resources Inc*
ID# *65-0980299*
Doc# *P 000000 14611*

Gentlemen:

My client filed the 2004 Corporate Annual Report but never received either the first or second notice for filing the 2005 form by Sept 2005. Please waive the penalty inasmuch as they are remitting \$150 and the reinstatement.

Sincerely,


Jeff Pearlman, CPA

Encl:

*SEE CORRECTED FORM +
ENCLOSURE CHECK FOR 300 -*