PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 14 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

CR2E081 (8/05)

DOCUMENT # P00000047373

1. Corporation Name
SHIMUL INC.

2. Principal Office Address		3. Mailing Office Address	
137 SE 1ST AVENUE		3686 MOONBAY CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HALLANDALE FLORIDA		City & State: WELLINGTON FLORIDA	
Zip: 33009	Country: USA	Zip: 33414	Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 05/09/2000

5. FEI Number: 65-1012098 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ [illegible]

7. Name and Address of Current Registered Agent

Name: MAHBUBUL I CHOWDHURY
Street Address (P.O. Box Number is Not Acceptable): 3686 MOONBAY CIRCLE
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: ✱ Mahbubul I Chowdhury Date: 10/12/05
REGISTERED AGENT MUST SIGN

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
P	MAHBUBUL I CHOWDHURY	3686 MOONBAY CIRCLE	WELLINGTON FL 33414

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10/19/05--01007--006 **508.75

[handwritten initials] 10/18

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: ✱ Mahbubul I Chowdhury Date: 10/12/05 Daytime Phone #: 561-628-5722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR