

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -9 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0100037419

1. Corporation Name

SHATAKON HOLDING INC.

REINSTATEMENT 03

2. Principal Office Address

12727 N.W. 18TH PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

12727 N.W. 18TH PLACE

Suite, Apt. #, etc.

City & State

CORAL SPRING, FLORIDA

City & State

CORAL SPRING, FLORIDA

Zip

33071-5409

Country

Zip

33071-5409

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/2001

5. FEI Number

65-1098761

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

WIG, WALDINA H

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

12727 N.W. 18TH PLACE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33071-5409

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

REGISTERED AGENT MUST SIGN

Date 04-08-2003

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 |
|--------|--------------------------------------|---|------------------------------|
| PD | PINEDA, LEYDI E. | 12727 N.W. 18TH PLACE | CORAL SPRINGS, FL 33071-5409 |
| SD | PINEDA, EVELYN | 12727 N.W. 18TH PLACE | CORAL SPRINGS, FL 33071-5409 |
| | | | |
| | | | |
| | | | |
| | | | |

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:

LEYDI E. PINEDA

04-08-2003 954-609-9398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)