

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
04 MAY 13 PM 12:26

DOCUMENT # P01000043315

1. Corporation Name

SHAI S.I. INC.

2. Principal Office Address

18851 NE 29 AVENUE

Suite, Apt. #, etc.

City & State

AVENTURA, FL

Zip

33175

Country

US

3. Mailing Office Address

18851 NE 29 AVENUE

Suite, Apt. #, etc.

City & State

AVENTURA, FL

Zip

33175

Country

US

REINSTATEMENT

03-04

4. Date Incorporated or Qualified

To Do Business in Florida 05/01/01

5. FEI Number

65-1134652

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

SHAI ELMALIAH

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

18851 NE 29 AVENUE

Suite, Apt. #, Etc.

City

AVENTURA

State

FL

Zip Code

33175

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

5/11/04

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	SHAI ELMALIAH	11851 NE 29 AVENUE	AVENTURA, FL 33175

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:

SHAI ELMALIAH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/11/04

Daytime Phone #

CR2001 (01/04)

**SHAI S.I. INC.
18851 NE 29 AVNUE
AVENTURA, FL 33175**

5-10-04

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

**Re: P01000043315
Reinstatement**

To Whom It May Concern:

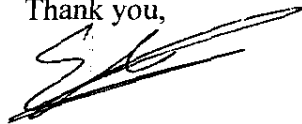
It has just come to my attention that my corporation has been administratively dissolved for not filing a 2003 Uniform Business Report.

My mailing address had changed and I never received my renewal documents. As such, I would like to request an abatement of any penalties that I may be assessed.

Enclosed is a blank reinstatement form which I have filled out with my updated information as well as a check for \$300.00 in order to cover the filing fees for 2003 and 2004.

Please accept this in full satisfaction of my filing requirements.

Thank you,



Shai Elmaliah
President