

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 30 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000064068

1. Corporation Name

SHAMIN ENTERPRISES INC.

2. Principal Office Address

5100 W Commercial Blvd

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE # 5

Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

Zip

33319

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

74-3048342

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

RAJU MANIAR

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

7737 N UNIVERSITY DR

Suite, Apt. #, Etc.

SUITE 201

City

TAMARAC

State

FL

Zip Code

33321

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

R Maniar

Date 09/29/04

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
<u>D</u>	<u>KINNAR CHOKSHI</u>	<u>380, NW 69th AVE, #107</u>	<u>Plantation, FL 33317</u>
<u>S</u>	<u>GAUTAM MEHTA</u>	<u>2761, NW 120 AVE.</u>	<u>Plantation, FL 33323</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:

K.T. Chokshi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/29/04

Date

Daytime Phone #

CR2E081 (01/04)