

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 27 AM 11:34

DOCUMENT # PO6000006157

1. Corporation Name

Shekel Inc

2. Principal Office Address - No P.O. Box #

8813 Thomas DR

Suite, Apt. #, etc.

City & State

Panama City Beach FL

Zip

32408

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Same

Zip

FL 32408

REINSTATEMENT 07-09KS

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/06

5. FEI Number

010-854-046

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

Adam Vknin

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

212 Dogwood St

Suite, Apt. #, Etc.

Apt 1

City

Panama City Beach

State

FL

Zip Code

32408

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

ADAM

REGISTERED AGENT MUST SIGN

Date

4/22/09

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>P</u>	<u>Adam Vknin</u>	<u>212 Dogwood St</u> <u>Apt 1</u>	<u>Panama City Beach, FL</u> <u>32408</u>
<u>P</u>	<u>Jonathan Yona</u>	<u>285 Stewart Ave</u> <u>Unit 2304</u>	<u>St Paul, MN</u> <u>55106</u>

800152805658

04/27/09--01032--013 **458.75

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 contained in Chapter 119, 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:

ADAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/09 (850) 960-0800

Daytime Phone #