


Ag 10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
10 AUG -2 AM 11:34
TALLAHASSEE, FLORIDA

DOCUMENT # P07000113027

1. Corporation Name

Sharepoint Integrators Inc

2. Principal Office Address- No P.O. Box # 6469 Ginnie Springs Road Suite, Apt. #, etc.	3. Mailing Office Address PO Box 6262 Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State Hoboken, NJ
Zip Country 32258 USA	Zip Country 07030 USA

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11/09/09--01060--010 **300.00
REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 10/15/2007

5. FEI Number 061827183 ☐ 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 Anwar Majid

Street Address (P.O. Box Number is Not Acceptable)
6469 Ginnie Springs Road

Suite, Apt. #, Etc.

City Jacksonville	State FL	Zip Code 32258
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☒ 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 section 617.0503, F.S.

Signature of Registered Agent A. Majid Date 7/26/2009

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	Anwar Majid	6469 Ginnie Springs Road	Jacksonville, FL, 32258

10. E-mail Address: amajid@sharepointintegrators.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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: A. Majid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/26/2009 Daytime Phone 957-5646

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7/26/2017

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6469 GINNIE SPRING
ROAD

JACKSONVILLE

FL

32258

This is to certify, that I Anwar Majid
understand that both of my registered companies
have similar names, and that it will not
cause a conflict.

ShorePoint Integrators Inc - SCORP

ShorePoint Integrators LLC - LLC.

Thank You

Anwar Majid