## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000056282

Entity Name: SHKOL, INC.

FILED Sep 21, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

C/O SHOOP MOTORS
1605 ALTON CT

C/O SHOOP MOTORS
1605 ALTON CT

MIAMI BCH, FL 33139 US MIAMI BEACH, FL 33139 US

Current Mailing Address: New Mailing Address:

339 POINCIANA SUNNY ISLES, FL 33160 US 339 POINCIANA ISLAND DRIVE SUNNY ISLES BEACH, FL 33160 US

FEI Number: 65-0430300 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHKOLNIK, RAUL
339 POINCIANA ISLAND
275 WEST 33RD STREET
SUNNY ISLAND, FL 33160 US
MIAMI BEACH, FL 33140 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RAUL SHKOLNIK 09/21/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition SHKOLNIK, ALEX SHKOLNIK, ALEXANDER Name: Name: 339 POINCIANA ISL Address: 339 POINCIANA ISLAND DRIVE Address: City-St-Zip: SUNNY ISL, FL 33160 City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ( ) Delete Title: V ( ) Change (X) Addition

 Name:
 Name:
 SHKOLNIK, RAUL

 Address:
 Address:
 275 WEST 33RD STREET

 City-St-Zip:
 City-St-Zip:
 MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER SHKOLNIK P 09/21/2007