

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-98
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 FEB 24 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046796

1. Corporation Name

SHARK SYSTEMS, INC.

Principal Place of Business

Mailing Address

1515 N. Federal Highway (same as Principal
Suite 300 Place of Business)
Boca Raton, FL 33432

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0491287

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVD	VERWER, Paulus	1515 N. Federal Hwy., #300	Boca Raton, FL 33432 9000002441879--1 -02/26/98--01100--002
STD	VERWER, Monique	1515 N. Federal Hwy., #300	Boca Raton, FL 33432 ***900.00 ***900.00

REINSTATEMENT

96-98

A. Alan
2/24/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINLEY, Chandler R.
1645 Palm Beach Lakes Blvd., #520
West Palm Beach, FL 33401

Name

Chandler R. Finley

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

1645 Palm Beach Lakes Boulevard

Suite, Apt. #, Etc.

Suite #520

City

West Palm Beach

State

FL

Zip Code

33401

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Chandler R. Finley

REGISTERED AGENT MUST SIGN

Date

2-11-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-98

Date

561-478-9930

Daytime Phone #

CR2E040 (1/98)