

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 APR 16 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT# P95000087115

1. Corporation Name

SHEKEL BUSINESS, INC.

300005348013--0  
-04/25/02--01044--020  
\*\*\*\*\*500.00 \*\*\*\*\*500.00

REINSTATEMENT 00-02

2. Principal Office Address 18671 Collins Avenue		3. Mailing Office Address Same	
Suite, Apt. #, etc. #702		Suite, Apt. #, etc. Same	
City & State Sunny Isles Beach, FL		City & State Same	
Zip 33160	Country USA	Zip Same	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11-13-95	
5. FEI Number 65-0677994	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Austin Cohen	
Street Address (P.O. Box Number is Not Acceptable) 18671 Collins Avenue	
Suite, Apt. #, Etc. #702	
City Sunny Isles Beach	State FL
Zip Code 33160	

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

*[Signature]*

Date

4.10.02

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
PD	David Cohen	18671 Collins Ave. #702	Sunny Isles Beach, FL 33160
VD	Rivka Cohen	18671 Collins Ave. #702	Sunny Isles Beach, FL 33160

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 11 9.07(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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Cohen

Date

4.12.02

Daytime Phone #

CR2E081 (9/01)



QUALITY WOODWORK & SUPPLY, INC.  
104 THIRD STREET  
COCOA, FL 32922

(321) 631-4584

FAX (321) 636-5059

e-mail: [quality@metrolink.net](mailto:quality@metrolink.net)

April 11, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Corporation Reinstatement

Please find the following enclosed:

Corporation Reinstatement Form  
Check for \$1800.00

As directed, the Corporation Reinstatement Form has been completed, and the enclosed check written for the appropriate amount to fulfill paperwork and fees for Quality Woodwork & Supply, Inc.

Should you have any questions, please contact me. Thank you for your assistance.

Sincerely,

James M. Bourke  
President

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