

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

98 AUG 12 AM 10:47

DOCUMENT # P96000090524

1. Corporation Name
 S & A Shell, Inc.

Principal Place of Business Mailing Address
 216 S. Ponce De Leon Blvd.
 St. Augustine, FL 32084

9/26/97

600002626106--0
 -08/26/98--01101--004
 ****900.00 ****900.00

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

2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 11-5-96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3422426	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Shailash Amin	216 S. Ponce De Leon Blvd.	St. Augustine, FL 32084
Vice Pres	Anil Goswami	216 S. Ponce De Leon Blvd.	St. Augustine, FL 32084

REINSTATEMENT 1997-1998

BK

794
 904-044-5998

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Hancy R. Quittner 6061 Merrill Rd. Jacksonville, FL 32211		Name N/A Kenneth Kresge office.	
Street Address (P.O. Box Number is Not Acceptable) 200 Malaga Street		Suite, Apt. #, Etc. Ste. 4	
City	St. Augustine 32084	State	FL
Zip Code			

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 Kenneth Kresge
 REGISTERED AGENT MUST SIGN
 Date 7/21/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ Extended (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: SHAILESH AMIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 7/21/98
 Daytime Phone # 904-825-0306

CR2049 (1-98)