PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 OCT 22 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000071259

800008519668
10/22/02--01109--002 **150.00

1. Corporation Name
Schaark Investment Inc

2. Principal Office Address	3. Mailing Office Address
11767 S Dixie Hwy	6330 NW 40 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FLorida	City & State: Miami FLORIDA
Zip: 33166 Country: USA	Zip: 33152 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 8/97 (23-68-475-876-20)

5. FEI Number: 650777007 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Kenneth A Schaark
Street Address (P.O. Box Number is Not Acceptable): 6330 NW 40 St
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33166

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: _____ REGISTERED AGENT MUST SIGN Date: 10/20/02

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	Kenneth A Schaark	6330 NW 40 St	Miami FL 33166
VP	Edward M Schaark	6330 NW 40 ST	Miami FL 33166

SWORN to ME the 21st day of October 2002
by: Kenneth Schaark who has produced a Valid FL Drivers License
Grisell Rodriguez
★ My Commission CC943617
Expires June 08, 2004

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 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: _____ 10/20/02 305-871-5997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #