PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	ALE MOTHOGRADIO DEL OTTE (
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	04 AUG -3 PM 12: 17
DOCUMENT # P9800083164		SECRETARY OF STATE TALLAHASSEE.FLORIDA
Sharkin	Enterprises, Inc.	aft
*		(W)
2 Principal Office Address	3. Mailing Office Address	800039870648 47 08/04/0401053001 **750.00
	247 SW 872 ST.	00.0000 01000 001 **100.00
Suite, Apt. #, etc. 138	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 9/24/1998
MIAMI IFL	MIANI, FL	5. FEI Number Applied For Not Applicable
3313° Country	33/30 Country USA	6-CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
ı.	7. Name and Address of Current Register	red Agent
	THARMAT, CPA	FINISTATEMENT QQ-Q-
Street Address (P.O. Box Number is N		
Suite, Apt. #, Etc.	ARCA CREEK DI	RIUE
City NORTH /	7/AM/	State Zip Code FL 33/8/
8. I, being appointed the registered agent of the abo	ove farmed corporation, am familiar with and accept the o	bligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent	Keine & CPA EGISTERED AGENT MUST SIGN	Date
9. Names and Street Addresses of Each Officer on	d/or Director (Florida nonprofit corporations must list at le	and Codings and
Titles Name of Officers and/or Directors	Street Address of Eac	h
PSTD Chad Hanken 848 BRICKALL Key DR # 1106		
	848 BRIL	well 1007 OR. # 1106
UPD PAULIE HANKIN MICHAIL 33/31		
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1		
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: **SIGNATURE AND TYPE DR PRINTED NAME OF SIGNING DEFICED OR PROFECTION.** **Design 1. **Design 2. **Design 3.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



July 30, 2004

Department of State Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

RE: Sharkin Enterprises, Inc.

FEIN: 650890053

To Whom It May Concern:

Please find enclosed our completed Corporation Reinstatement form along with a check in the amount of \$750. Kindly accept this letter as explanation for our lapse in corporate renewal. Unfortunately, we have found ourselves on the recipient-end of very poor legal representation. You will note that Robert I. Claire, Esquire has been our official registered agent for this and other corporations and/or entities. Mr. Claire's office had led us to believe that his office had been maintaining and updating necessary filings and records for our entities. We had no reason to believe that any problems existed until we were financing new office copiers and had the bank run the typical searches for the company. Only when the bank notified us of the lapse did we come to realize that nothing had been done to keep the corporation active. In fact, we moved our place of business and residence from Boca Raton to Miami several years ago which helps explain why the state had no way of contacting us directly outside of Mr. Claire's office. Unfortunately for us along with other clients', Mr. Claire has since been disbarred and is or shall be heading to prison for other unrelated improprieties. Never before have I been in a situation where my lawyer has had a direct problem with the law itself. As a result, you will note that our new Registered Agent is now, Dona Sharmat, CPA, a long time trusted friend.

I respectfully request your courtesy and understanding in accepting this enclosed reinstatement form and \$750 payment. It is my sincere desire to maintain such records internally so as not to be in a position to request leniency or forgiveness in the future.

Please do not hesitate to contact me directly at 863-385-4500 (work) or 786-385-4333 (mobile) should you require any information. Thank you for your cooperation and attention to this timely matter.

Sincerely,

Sharkin Enterprises, Inc. DBA Quality Inn & Suites

Chad Hankin President

Enclosures.