

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATE
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 25 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 99 00200 8726**

1. Corporation Name

SHANIK, INC.

2. Principal Office Address

7126 BISCAYNE Blvd.

Suite, Apt. #, etc.

100

City & State

MIAMI, FL.

Zip

33138

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

SEP. 1999

5. FEI Number

65-0890-844

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DINESH P. PALIWAL

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

110 NW 154 ST.

Suite, Apt. #, Etc.

MIAMI

City

MIAMI

State

FL

Zip Code

33169

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]

REGISTERED AGENT MUST SIGN

Date

8/31/06

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
PST	DINESH P. PALIWAL	110 NW 154 ST.	MIAMI, FL. 33169
D	VIMAL PALIWAL	110 NW 154 ST.	MIAMI, FL. 33169

100090231021
09/27/06 01:05:02 **158.75

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 contained in Chapter 119, 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]

DINESH P. PALIWAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/06

Date

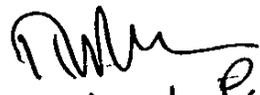
786-247-3842

Daytime Phone #

TO: FLORIDA Department of State
Division of Corporation
Reinstatement Section
Tallahassee, FLORIDA.

SUBJECT: SHANIK, INC.
Ref. Number: P99000008726

Dear sir/Madam:
Please understand that I never received
Renewal application. Our Business was
closed from Dec. 23, 2005 until Feb.
2006 Due to renovation, Please accept
this check for the amount of \$158.75
and allow me the renewal as the
hurricane Wilma hardship has been enough
to ruin my business.
I hope & pray that you will
help me in this critical times.
Thank you,


Dinesh P. Paliwal
President,
SHANIK, INC.
Tel. 786-247-3842