READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM POST 15-2

PLE	ASE KEAD	ALL INSTRUCT	IONS BLI ONE		10 11 11			
CORPORATION		Katherir Secretar Division of C	TMENT OF STATE ne Harris y of State corporations		- 02	FILED		
OCUMENT # P99 0000 87762 Corporation Name					SECRETURY OF STATE TALLAH ISUSE, FLOREA			
SHIVA FAB	INTERNA	TIONAL, I	vC.				we.	
Principal Office Address	SE BLVD	3. Mailing Office Addre	ss NRISE BLUD					
ite, Apt. #, etc. SUITE #2		Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida /D-01-1999					
ty & State PLANTATION	FL	City & State PLA-N_TA_7	5. FEI Number Applied For Not Applied For Not Applicable					
° 33313 Cou	U.S.	^{Zip} 33313	Country U. S.	6. CERTIFICATE		\$8.75 A	dditional Fee required Certificate of Status	
		7. Name and /	Address of Current Regist	ered Agent				
		NALS, INC.			-) :	
Street Address (3935				<u> </u>				
Suite, Apt. #, Etc	· · · · · · · · · · · · · · · · · · ·				Chata	Zip Code		
City LAUDE	PRDALE LA				33309			
. I, being appointed the regis ignature of egistered Agent	uppur \$	7 LARS G. S	VENSSON, PRE			3-14-02	2	
Names and Street Address		GISTERED AGENT MUS		t least 3 directors)	ירור	Jegora	792	
Titles	Name of icers and/or Directors		Street Address of Each Officer and/or Director			/23/02010 **450°/50°	165007 ****450.00	
D/P SINGH.	SINGH, SARABJIT		6761 W. SUNRISE BLVD-#2		PLAN:	TATION FL	33313	
SINGH,	ET 6761	6761 W. SUNRISE BLVD-#2			PLANTATION FL 33313			
				10-15	2 \	BR	8	
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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 filling 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02 954-584-0370
Date Daylime Phone #

Pge 222

Data Professionals, Inc.

P.O. Box 5046, Fort Lauderdale, FL 33310-5046 Tel (954) 731-4831 ♦♦ Fax (954) 733-5100

March 18, 2002

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

Re: SHIVA FAB INTERNATIONAL, INC.

Dear Sir/Madam:

As the owner of subject consulted with us on an unrelated matter, we informed him that the State records indicated that his corporation was administratively dissolved on 9-22-00 because of no annual report submitted for that year. As he did not know what that was all about he explained that a friend had helped him with the incorporation and that he understood his Miami attorney took care of legal matters. The friend under whose address the corporation was established, moved a couple of months after the incorporation and never informed him of any mail received for the corporation. As we attempted to locate the attorney (initial registered agent) we learned that he moved out of the area at the beginning of the year 2000, apparently without feeling obligated to inform subject.

The owner then requested us to serve as the Registered Agent, to which we agreed. We instructed him to issue the enclosed check for \$450.00 to cover the normal annual filing fees for the years 2000, 2001 and 2002. We humbly pray that you will find it possible to reinstate subject corporation without assessing the \$600 penalty fee, the owner never receiving the proper UBR forms and in addition his attorney failing to give him the legal assistance that a client should justifiably expect.

We shall await your advice.

Very truly yours

Lars/G/ Svensson

President

hs Encl.