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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # P99000095095

1. Corporation Name
Shammah Consultants Inc

Principal Place of Business / Mailing Address
3550 Biscayne Blvd # 600
Miami Fl 33134

REINSTATEMENT OD

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
3550 Biscayne Blvd#600
Suite, Apt. #, etc.
City & State Miami Fl 33134
Zip / Country Dade

4. Date Incorporated or Qualified To Do Business in Florida 12/29/1992

5. FEI Number 65-0392275 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number/s) 3	City / State / Zip 4
P	Jeffrey A Shammah	3550 Biscayne Blvd # 600	Miami Fl 33134

8. Name and Address of Current Registered Agent

Jeff Shammah
420 Lincoln Rd # 231
Miami Beach Fl 33139

9. Name and Address of New Registered Agent

Name: Jeff Shammah
Street Address (P.O. Box Number is Not Acceptable): 3550 Biscayne Blvd # 600
Suite, Apt. #, Etc.
City: Miami State: FL Zip Code: 33134

10. I hereby accept 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 AD Date 11/24/2000
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (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 upon 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: 11/24/200 305-534-9292
SIGNATURE AND TYPED OR PRINTED NAME OF RESIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AD

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

SHAMMAH CONSULTANTS, INC.

Certificate of Status	1
Certified Copy	0
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