

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 19 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 07-04

DOCUMENT # P99000108323

1. Corporation Name

SHANIL ENTERPRISES, INC.

2. Principal Office Address

6901 HARNEY RD.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TAMPA

City & State

Zip

33617

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/13/1999

5. FEI Number

65-1039489

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

BASSAM J. SALEH

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

110 S. MANHATTAN AVE. #64

Suite, Apt. #, Etc.

64

City

TAMPA

State

FL

Zip Code

33609

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

4/14/04

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	STANI PATHYIL	6901 HARNEY RD.	TAMPA, FL. 33617

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/03

Daytime Phone #

813-760-7658

CR2E081 (10/02)

PROFESSIONAL BOOKKEEPERS



110 S. MANHATTAN AVE. ♦ #64 ♦ TAMPA, FL. 33609 ♦ HILLSB.
Phone 813-760-7658 ♦ Fax 813-282-3169

March 16, 2004

TO WHOM IT MAY CONCERN:

CORP.# P99000108323 WAS SEND TO THE HOME ADDRESS THERE WAS CHANGE OF ADDRESS SEND
TO YOU LAST YEAR FILING.

PLEASE ACCEPT THE PAYMENT OF 2003 AND 2004 RENEWAL \$300.00, AND CHANGE THE ADDRESS
TO 6901 HARNEY RD. TAMPA, FL. 33617.

IF YOU NEED ANY MORE INFORMATION PLEASE CALL THE ABOVE # OR WRITE TO THE ABOVE
ADDRESS.

Sincerely,

BASSAM SALEH/ PRES.