

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2008 NOV 24 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800138239948
11/24/08--01062--017 **308.75

CR2E081 (10/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000108323**
1. Corporation Name
SHANIL ENTERPRISES INC

P99000108323

2. Principal Office Address - No P.O. Box # 6901 Harney Road		3. Mailing Office Address 6901 Harney Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33617	Country Hillsborough	Zip 33617	Country Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida **12/13/1999**

5. FEI Number 65 1039489	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
PATHYIL, STANI

Street Address (P.O. Box Number is Not Acceptable)
13139 Done Groven Dr

Suite, Apt. #, Etc.

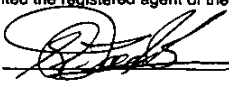
City
Dover

State
FL

Zip Code
33527

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

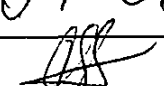
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **11/19/2008**

REGISTERED AGENT MUST SIGN

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
PD	PATHYIL, STANI	13139 Done Grover Drive	Dover, FL- 33527

REINSTATEMENT
07-08


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:  **Stani Pathyil** **11/19/2008** **813 704 4562**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #