

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

9-1-03

UBB

03 FEB 25 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S22484

1. Corporation Name

SHARE INTERNATIONAL TRADE COMPANY, INC.

2. Principal Office Address

15691 NW 14 COURT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES

City & State

Zip

FLORIDA

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1991

5. FEI Number

65-0241979

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

EDUARDO COSTA E SA

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

15691 NW 14 COURT

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33028

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

REGISTERED AGENT MUST SIGN

Date FEB 17 2003

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/S/T	EDUARDO COSTA E SA	15691 NW 14 CT	PEMBROKE PINES, FL 33028
D	EDUARDO COSTA E SA	15691 NW 14 CT	PEMBROKE PINES, FL 33028

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:

EDUARDO COSTA E S

FEB 17/03 954 438-2124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

**SHARE INT'L CO**

15691 NW 14<sup>TH</sup> COURT  
PEMBROKE PINES, FL 33028 - USA

PHO: (954) 438-2124

FAX: (954) 436-3953

FEBRUARY 17, 2003

FLORIDA DEPARTMENT OF STATE 001.DOC

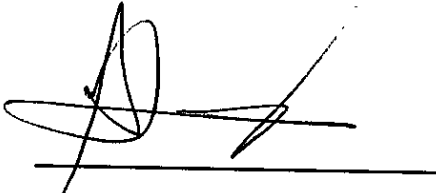
TO: FLORIDA DEPARTMENT OF STATES  
ATTN.: DIVISION OF CORPORATIONS  
SUB: ANNUAL REPORTS

PHO: 1 850 245-6054

DEAR SIRs,

WE DID NOT RECEIVE THE CORPORATION ANNUAL FILLING REPORTS SINCE 1997 AND UP  
WE ASK FOR THE FEE TO BE WAIVED.

SURE OF YOUR PROMPT CONSIDERATION TO THIS MATTER WE REMAIN,



EDUARDO COSTA E SA  
OFFICER