

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 12 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 005 000000 512
1. Corporation Name
Sharon D's Image Program Inc

600119139976
03/12/08--01034--004 **220.00

REINSTATEMENT 06-08^{KS}

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # <u>1842 Johnson St</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>3610 NW 21 St</u> Suite, Apt. #, etc. <u>311</u>	
City & State <u>Hollywood, Fl.</u>		City & State <u>Lauderlake, Fl.</u>	
Zip <u>33020</u>	Country <u>Broward</u>	Zip <u>33311</u>	Country <u>Broward</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>01.13.05</u>	
5. FEI Number <u>NONE</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Sutherland, Felicia

Street Address (P.O. Box Number is Not Acceptable)
3610 NW 21 St

Suite, Apt. #, Etc.
311

City
Lauderlake State FL Zip Code 33311

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 [Signature] Date 02.25.08

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
Pres	<u>Felicia Sutherland</u>	<u>3610 NW 21 St # 311</u>	<u>Lauderlake, Fl. 33311</u>
Vice Pres	<u>Lachina Willis</u>	<u>1842 Johnson St</u>	<u>Hollywood, Fl. 33020</u>
Secy	<u>Subrina L. Hope</u>	<u>4002 Inverrary Blvd # 2B</u>	<u>Lauderhill, Fl. 33319</u>
Treas	<u>Deogory T. Harris</u>	<u>3610 NW 21 St # 311</u>	<u>Lauderlake Lakes, Fl 33311</u>

600119139976
02/29/08--01043--002 **138.75

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: [Signature] FELICIA Sutherland Date 02.25.08 Daytime Phone # 954 7332668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR