PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N9400003913

1. Corporation Name

THE SHARP FAMILY FOUNDATION, INC.

2. Principal Office Address	**3.** Mailing Office Address
1460 Gulf Blvd.	C/O Bruce M Sloan 611 Druid Rd East
Suite, Apt. #, etc. Apt. 603	Suite 717
City & State Clearwater FL	City & State Clearwater FL
Zip 33767 Country USA	Zip ~~33767~~ 33756 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8/9/1994

5. FEI Number 59-3302952 ☐ 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: ~~Frank J. Rief, III~~ William K Sharp

Street Address (P.O. Box Number is Not Acceptable): ~~442 W. Kennedy Blvd. Suite 340~~ 1460 Gulf Blvd #603

Suite, Apt. #, Etc.: ~~Suite 340~~

City: ~~Tampa~~ Clearwater | State: FL | Zip Code: 33767 ~~33606~~

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 William K. Sharp (REGISTERED AGENT MUST SIGN) Date 7/28/01

CR2E091 (9/00)

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
D	William K.Sharp	1460 Gulf Blvd #603	Clearwater FL 33767
D	Margaret B. Sharp	1460 Gulf Blvd #603	Clearwater FL 33767
D	Barton W. Sharp	4264 Montalvo Drive Village Walk	Naples FL 34109
	93.75-AR		
	10.00-ARART	99-01 UBR	TB
	~~88.75-ARSUPP~~		

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: William K. Sharp 6/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #