

# 2004 FOR PROFIT CORPORATION REINSTATEMENT



**DOCUMENT # P97000072139**

1. Entity Name  
**SHARON T. RING, P.A.**

**FILED**

**04 NOV 19 AM 10: 54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business <b>927 SW 35TH CT BOYNTON BEACH, FL 33425</b>	Mailing Address <b>927 SW 35TH CT BOYNTON BEACH, FL 33425</b>
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10182004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>65-0802284</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RING, SHARON T  
927 SW 35TH CT  
BOYNTON BEACH, FL 33425**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Sharon T. Ring* 11-1-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST <input type="checkbox"/> Delete		TITLE	700042904367 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RING, SHARON T		NAME	11/19/04--01054--006 **150.00	
STREET ADDRESS	927 SW 35TH CT		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33425		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	700042904367 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	11/19/04--01054--007 **8.75	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<i>DR 11/29</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon T. Ring* 11-1-04 561-738-0892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

November 1, 2004

Division Of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Sharon T. Ring P. A.  
Ref. Number: P 97000072139

To Whom It May Concern:

Enclosed please find check for corporation filing fee as per my phone conversation with your office. As I did not receive a letter due to the hurricanes and your office did not receive my filing fee, I was informed that I needed to send \$150.00 and my annual report to your office and that the penalty is waived.

I have enclosed both items in order to keep my active status

Thank you for your assistance.

Sincerely,



Sharon T. Ring