

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 13 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000150418

1. Corporation Name

Sharon French, P.A.

2. Principal Office Address

103 S. US Hgwy 1

3. Mailing Office Address

103 S. US Hgwy 1

Suite, Apt. #, etc.

E1

Suite, Apt. #, etc.

E1

City & State

Jupiter, FL.

City & State

Jupiter, Fl.

Zip

33477

Country

US

Zip

33477

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/03

5. EEL Number

74-3111123

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

Sharon French

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

4856 Bonsai Circle

Suite, Apt. #, Etc.

100

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

Sharon French

REGISTERED AGENT MUST SIGN

Date

6/7/06

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
President	Sharon French	4856 Bonsai Circle #100	Palm Beach Gardens, Fl.33418
Secretary	Sharon French	4856 Bonsai Circle #100	Palm Beach Gardens, Fl.33418
Treasure	Sharon French	4856 Bonsai Circle #100	Palm Beach Gardens, Fl.33418

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharon French

6/7/06

561-744-4554

Ext. 312

Sharon French
103 S. Us Highway 1, Ste E1
Jupiter, FL 33477
561-744-4554 ext. 319

June 8, 2006

Mrs. Debra Copper:

Thank you for taking the time to explain what I need to do to reinstate my Sub Corporation yesterday. As I explained I never received the annual report notice from the state to file due to moving. I have enclosed a check and a paid return envelope, please send the Certificate of Status to
Wachovia Bank
C/O Marshall Brant
2989 PGA Blvd.
Palm Beach Gardens, Fl 33410

Thank you again for all your help. Please contact me at any of the numbers below if there is any problem with Corporation Reinstatement Form.

Sharon French, P.A.

Sharon French, P.A.
561-339-1617 cell
4856 Bonsai Circle #100
Palm Beach Gardens, Fl. 33418

Debra,
I was not sure if the fee was
\$450.⁰⁰ or \$600.⁰⁰ so I included enough
hopefully. Please let me know.

Thanks,
Sharon French