PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 24 PM 12:19

DOCUMENT # **P02000107502**

1. Corporation Name

SHARON L. GUILES, P.A.

Principal Place of Business	Mailing Address
5481 N. ANDREWS AVENUE FT. LAUDERDALE FL 33309	5481 N. ANDREWS AVENUE FT. LAUDERDALE FL 33309

100024074421
10/24/03--01016--029 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
5570 NE 28TH Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT Lauderdale, FL	City & State
Zip: 33308 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/07/2002

5. FEI Number — ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	GUILES, SHARON L	5481 N. ANDREWS AVENUE	FT. LAUDERDALE FL 33309
VD	GUILES, SHARON L	5481 N. ANDREWS AVENUE	FT. LAUDERDALE FL 33309

REINSTATEMENT 03

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GUILES, SHARON L 5481 N. ANDREWS AVENUE FT. LAUDERDALE FL 33309	Name: Sharon L Guiles Street Address (P.O. Box Number is Not Acceptable): 5570 NE 28TH Ave Suite, Apt. #, Etc.: FT City: FT Lauderdale — State: FL — Zip Code: 33308

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Sharon L Guiles — Date: 10/17/03
REGISTERED AGENT MUST SIGN

11. 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.

954-822-7474

SIGNATURE: Sharon L Guiles — 10/17/03 — 10/29
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/17/03

Florida Department of State
Division of Corp
P.O. Box 6327
Tallahassee, FL 32314

I never received any previous documents as I have moved several times in the last year.

I am sorry, could you change your records to reflect my new address.

Address Change
Shamod Guiter
5570 NE 28TH AVE
Ft Lauderdale FL 33308

I have included the $150.00 fee.

If there is any questions or problems please call me at 954-822-7474.

Thank You

Shamod Guiter