

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 SEP 22 PM 3: 02

DOCUMENT # 478059

1. Corporation Name

SHERGON, INC.

2. Principal Office Address

3425 FAIRFIELD TRAIL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

CLEARWATER, FLORIDA

City & State

SAME

Zip

33761

Country

U.S.A

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/1975

5. FEI Number

59-1610782

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

EDWARD C. CASTAGNA, JR.

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

6111 DRUID ROAD EAST

Suite, Apt. #, Etc.

SUITE 710

City

CLEARWATER,

State

FL

Zip Code

33756

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]
REGISTERED AGENT MUST SIGN

Date September 20, 2006

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
P/S/D	CYNTHIA NORRIS	3425 FAIRFIELD TRAIL	CLEARWATER, FL 33761

100090220881

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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]

CYNTHIA NORRIS

09/20/2006

(727) 786-4109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #