

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

MAR -1 PH 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # 611259

1. Corporation Name

Sharon Enterprises, Inc.

2. Principal Office Address

1325 US Hwy. 27

Suite, Apt. #, etc.

City & State

Davenport, Florida

Zip

33837

Country

USA

3. Mailing Office Address

1325 US Hwy. 27

Suite, Apt. #, etc.

City & State

Davenport, Florida

Zip

33837

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/27/79

5. FEI Number

591885082

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

Pasquale Angelo Esposito

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

Massey Road

Suite, Apt. #, Etc.

City

Davenport

State

FL

Zip Code

33837

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

Pasquale Angelo Esposito
REGISTERED AGENT MUST SIGN

Date January 12, 2004

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	Pasquale A. Esposito	Massey Road	Davenport, Florida 33837
ST	Mildred Joan Esposito	Massey Road	Davenport, Florida 33837
D	Patsy A. Esposito	98E Ridge Dr.	Haines City, FL 33844
D	Wayne J. Esposito	4415 Mahogany Run,	Winter Haven, FL 33881
D	Sharon Raye Esposito	118 E. Maple St.	Davenport, FL 33837

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:

Pasquale Angelo Esposito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/2004

Date

Daytime Phone #

CR2E081 (10/02)

TN