

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F01000003313

**1. Corporation Name**

Sharp Water of Florida, Inc.

**2. Principal Office Address**

1490 N.W. Federal Highway

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34994

Country

Martin, FL

**3. Mailing Office Address**

909 Silver Lake Blvd

Suite, Apt. #, etc.

City & State

Dover, DE

Zip

19904

Country

Kent, DE

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

6/21/01

**5. FEI Number**

522326250

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

000024212870

City

Tallahassee

State

FL

Zip Code

32301-2525

**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

Date

REGISTERED AGENT MUST SIGN

**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
CEO	John R. Schimkaitis	909 Silver Lake Blvd	Dover, DE 19904
P S	William C. Boyles	909 Silver Lake Blvd	Dover, DE 19904
CFO	Michael P. McMasters	909 Silver Lake Blvd	Dover, DE 19904
T	Beth Cooper	909 Silver Lake Blvd	Dover, DE 19904

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

03 OCT 28 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (10/02)



October 24, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Division of Corporations:

As of October 22, 2003, research on your [www.sunbiz.org](http://www.sunbiz.org) web site provided information about the revoked status for Sharp Water of Florida, Inc.

The last known mailing address on file in your records is Sarasota, Florida, which no longer exists, thus the reason why we never received the annual report for Sharp Water of Florida, Inc. Please change the mailing address to 909 Silver Lake Boulevard, Dover, Delaware 19904.

After calling (850) 245-6059, the customer service representative explained the process of reinstatement and to include \$150.00 fee. Attached you will find the completed reinstatement form with the appropriate fee of \$150.00 plus \$8.75 for a certificate of status. If you have any questions, you may contact me at (302) 734-6799.

Thank You,

A handwritten signature in black ink, appearing to read "William C. Boyles". The signature is stylized with a large, looped "W" and a cursive "Boyles".

William C. Boyles  
Sharp Water of Florida, Inc.  
President and Secretary



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 296684 4351701

AUTHORIZATION : *Patricia Pizote*

COST LIMIT : \$ 158.75

ORDER DATE : October 27, 2003

ORDER TIME : 10:31 AM

ORDER NO. : 296684-005

CUSTOMER NO: 4351701

CUSTOMER: Ms. Linda M. Bloomfield  
Chesapeake Utilities Corp.  
909 Silver Lake Blvd.  
P.O. Box 615  
Dover, DE 19904

REINSTATEMENT

NAME: SHARP WATER OF FLORIDA, INC.

XX REINSTATEMENT

XX CLIENT LETTER REQUESTING WAIVER OF PENALTY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS \_\_\_\_\_

DIVISION OF CORPORATION

03 OCT 28 PM 12:47

RECEIVED