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PLEASE READ ALL INSTRUCTIONS BEFORE C									ING THIS FOR	М.		
FOR				DEPARTMENT OF STATE Glenda E. Hood - Secretary of State VISION OF CORPORATIONS			TATE	FILED				
DOCU	<u></u> , <u></u>					03 OCT 22	till Ha	ŧ				
1. Corporati	•				SECRETARY OF STATE TALLAHASSEE, FLORIDA							
SHARON BATTEN, INC.									· Managan	(_, 1 (_V))	UA	
Principal Place of Business Mailing Address								 	E BIÐIÐ ÍSÐAN ÁSIÐI SÐEÐA ÐESI GEÐI	1 BIB II Bib ii Bi	lii Digit Digii teni	
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.								Liebes	1년) [1년] [1년]	P F Hed		
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 9. SAN JUAN DM							E	Date Incorp To Do Busir	orated or Qualified ness in Florida	00/07/40	104	
Suite, Apt. #,	etc.				5. FEI Number	·	08/27/19	Applied For				
City & State						59-2133839		Not Applicable				
Zip Country Zip 32082								6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Addi for a Cer	itional Fee require	
7. Names ar	nd Street Add	dresses of Each Officer and/					ist at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director					City	/ State / Zip	•	
.PD.	BATTEN, S	6160 HOWY ATAN			-(7 <i>i</i> -2-is	P4	INDIAN RIVER SHOT					
TSD	BATTEN, V	V.		6160_HGW	YATA	, N			INDIAN BIVER SHOP	ES FL 329	363	
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	8. Nam	e and Address of Current	Andreas	nt .	, _T			9 Name and 4	Address of New Perists	red Acent		
8. Name and Address of Current Registered Agent Name							9. Name and Address of New Registered Agent					

BATTEN, SHARON R. SAN JUAN DR DA 6160 HGWY ATA N INDIAN RIVER SHORES FL 32963 PONTE VEDRA FZ

32082

HOWARD

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

VEDRA

Zip Code 32082 State

nat Fee required cate of Status

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

REGISTERED AGENT MOST SIGN

11.1 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.

W. HOWARD BATTEN

91 San Juan Drive Ponte Vedra, FL 32082,

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

October 20, 2003

Gentlemen.

I am attaching herewith an application for reinstatement and a personal check for \$150.00, which I believe to be the normal fee for a Florida, for profit corporation. Sharon Batten Inc. went into a state of partial dormancy in June of this year and in fact closed its doors for business in July. During that period, i.e. from June on, the services of our bookkeeper became sporadic at best and our mail generally was forwarded to her house. It was a period of colossal confusion and although I am sure that notices of delinquency may have been mailed, I certainly didn't see nor does any of the management of the company recall seeing anything like a notice of delinquency.

It has been a very difficult time for us and the company no longer has any funds. As a result, I hope that you can see your way to permitting the company to survive with my check for \$150.00 and waiving the penalty that I understand we have earned. We are hoping that we can re-activate Sharon Batten Inc. in some capacity at a later date.

Sincerely,

October 20, 2003