

2004 FOR PROFIT CORPORATION REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/06/04 80143 012 15000



10152004 REIN-P CR2E098 (6/04)

DOCUMENT # G38273 1. Entity Name SHARPES EXECUTIVE GOLF COURSE, INC.					
Principal Place of Business 4255 N. HIGHWAY #1 SHARPES, FL 32959			Mailing Address 4255 N. HIGHWAY #1 SHARPES, FL 32959		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-2296838				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUEHNAST, IRVING 695 ANDERSON CT SATELLITE BEACH, FL 32937			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME KUEHNAST, IRVING STREET ADDRESS 695 ANDERSON CT CITY-ST-ZIP SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE:			Date: 10-21-04 321 Daytime Phone #: 632-2870		

REINSTATEMENT 04

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Florida Department of State
October 22, 2004

Dear Sir or Madam,

I am requesting a waiver of all additional fees that are due on the filing of my Corporation Annual Report. A check for the \$150.00 was mailed in February and was cashed on the 12th of that month. When filing the report I failed to sign the form. It was mailed back to me and I signed the form at that time and returned it. In July I received a NOTICE OF INTENT TO DISSOLVE and wrote to you concerning this matter. Your response was that you never received the signed returned form. I called the number that was enclosed on your letter and was told that I could go on-line and get a copy of the report and submit that with a request for a waiver.

I have enclosed all previous correspondence regarding this matter and hope that you see that we paid the report way before the deadline and that we just seem to have a missing signed report. I have enclosed the report and hope that this will clear up this matter at this time.

Sincerely,

Irving Kuehnast
Sharpes Executive Golf Course, Inc.
4255 N> Highway #1
Sharpes, FL 32959