

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J36086

1. Corporation Name

SHARP CONCEPTS, INC.

FILED

04 JUN -1 PM 4: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1624 HWAY 67  
JONESVILLE NC 28642

Mailing Address

272 BLUEGRASS DR.  
HENDERSONVILLE TN 37075



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/1986

5. FEI Number

59-2700802

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SHARP, JOYCE	272 BLUEGRASS DR.	HENDERSONVILLE TN 37075
D	SHARP, GARY	272 BLUEGRASS DR.	HENDERSONVILLE TN 37075

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Joyce Sharp 2511 E. Colonial Blvd Orlando, FL 32803	Name Joyce Sharp Street Address 2511 E. Colonial Blvd Suite, Apt. City Orlando FL 32803 State FL Zip Code
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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

Joyce Sharp

REGISTERED AGENT MUST SIGN

Date

4-26-04

11. 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:

Joyce Sharp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04