

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 NOV 27 AM 10:43

DOCUMENT # J50613  
 1. Corporation Name  
 SHARROCK SHORES, INC.

Principal Place of Business Mailing Address  
 1441 S MIRAMAR AVE 1441 S MIRAMAR AVE  
 INDIAN LANTIC FL 32903 INDIAN LANTIC FL 32903



If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
 2. New Principal Office Address, If Applicable  
 408 Riverview Ln.  
 Suite, Apt. #, etc.  
 City & State  
 Melbourne Beach, FL.  
 Zip 32951 Country U.S.A.

3. New Mailing Office Address, If Applicable  
 408 Riverview Ln.  
 Suite, Apt. #, etc.  
 City & State  
 Melbourne Beach, FL.  
 Zip 32951 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 12/18/1986

5. FEI Number 59-2764453 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KEN SHARROCK	<del>1441 S MIRAMAR AVE</del> 6950 INDIAN HILLS DR.	<del>INDIAN LANTIC FL</del> Ypsil, MI. 48198
S	SHARROCK, ROBERT B	<del>1441 S MIRAMAR AVE</del> 408 Riverview Ln.	<del>INDIAN LANTIC FL</del> Melbourne Beach, FL. 32951
			400003491364--6 -12/08/00--01022--009 ****150.00 ****150.00

8. Name and Address of Current Registered Agent  
 BOYD, JOEL E.  
 100 BIALTO PALCE  
 SUITE 800  
 MELBOURNE FL 32901

9. Name and Address of New Registered Agent  
 Name - ~~Kenneth Sharrock~~  
 Street Address (P.O. Box Number is Not Acceptable)  
 6950 INDIAN HILLS DR.  
 Suite, Apt. #, Etc.  
 City Ypsilanti State FL Zip Code

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.  
 Signature of Registered Agent \_\_\_\_\_ REGISTERED AGENT MUST SIGN \_\_\_\_\_  
 Date 11-20-00

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: \_\_\_\_\_  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert Sharrock  
 Date 11-20-00 Daytime Phone # 734-9844567

CR2E040 (800)

Pa. 2  
J50613

Sharrock Shores Inc.  
6450 Indian Hills Drive  
Ypsilanti, Mi. 48198  
Ph: 734-484-4567  
Fx: 734-485-6181

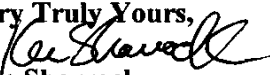
November 20, 2000

To: Florida Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Ladies or Sirs,

Enclosed please find the Application for Reinstatement of Sharrock Shores Inc. however the full Reinstatement Fee is not enclosed for the following reason. My Father, who is 77 years old, sold his Motel business and retired in July 1999, and neglected to register his new address so that he could receive bills from your Department. The new owner of the Motel (where the Corporation was registered) did not forward these bills but held on to them for several months until we received them last week. The Corporation is still active and we therefore request that the Reinstatement Fee be waived because of these circumstances. We've included the usual Registration Fee of \$ 150.00, which is enclosed. If it is not possible to waive the extra Reinstatement Fee, please let us know by notice to my address above and we'll take care of the balance owing. Thank you very much for your understanding in this matter.

Very Truly Yours,

  
Ken Sharrock,  
President  
Ph: 734-484-4567