

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J56474

1. Corporation Name

SHARP CAULKING AND COATING COMPANY, INC.

Principal Place of Business

% THOMAS E. SHARP  
335 S.W. 32ND AVE.  
DEERFIELD BEACH FL 33442

Mailing Address

% THOMAS E. SHARP  
335 S.W. 32ND AVE.  
DEERFIELD BEACH FL 33442

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/12/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 59-2777449

Applied For  
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	SHARP, THOMAS E	335 S.W. 32ND AVE.	DEERFIELD BEACH FL
VST	SHARP, SUSAN L	335 S.W. 32ND AVE.	DEERFIELD BEACH FL

400002344984--2  
-11/12/97-01089-018  
\*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

SHARP, THOMAS E  
335 S.W. 32ND AVE.  
DEERFIELD BEACH FL 33442

9. Name and Address of New Registered Agent

Name  
SUSAN L SHARP  
Street Address (P.O. Box Number is Not Acceptable)  
335 SW 32 AV  
Suite, Apt. #, Etc.

City  
Deerfield Beach  
State  
FL  
Zip Code  
33442

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 11-4-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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

11-4-97 9544271207  
Date Daytime Phone #

CPD2040 (9/97)