

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 25 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J56474

1. Corporation Name

SHARP CAULKING + COATING CO INC
W05-36824

600058003086
07/28/05--01009--001 **450.00

2. Principal Office Address

335 SW 32 Ave
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

Deerfield Bch, FL
Zip Country

33442

City & State

"
Zip Country

"

4. Date Incorporated or Qualified
To Do Business in Florida

2-12-1987

5. FEI Number

592777449

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

02-05

7. Name and Address of Current Registered Agent

Name

SUSAN SHARP

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

335 SW 32 AVENUE

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Susan Sharp
REGISTERED AGENT MUST SIGN

Date 7-25-05

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P | THOMAS E SHARP | 335 SW 32 Ave | Deerfield Bch, FL |
| VP | SUSAN SHARP | " " | " " 33442 |
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10. 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:

Susan Sharp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-05
Date

9544271267
Daytime Phone #

SUSAN SHARP

T. Roberts AUG 25 2005

CR2081 (01/05)

SHARP CAULKING & COATING CO., INC.

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


July 25, 2005

To the Dept. of State,

As per your instructions this date, I have enclosed the check for \$450.00 to reinstate our corporation. As I explained, we did not receive the corporate filing and, although we should have remembered on our own, we didn't. (2002 - 2005)

Please reinstate as soon as possible and thank you very much.

Cordially,


Susan Sharp