

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 # **K74861**

1. Corporation Name

SHARPE LIQUORS, INC.

Principal Place of Business

9360 S. HWY. 441 #12
OCALA FL 34480

Mailing Address

9360 S. HWY. 441 #12
OCALA FL 34480

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

03/20/1989

5. FEI Number

59-2946032

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)

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
PTD	SHARPE, WILLIAM J	9360 S. HWY. 441 #12	OCALA FL 34480
PTD	Carole Sue Watkins	9360 S. Hwy 441 #12	Ocala, FL 34480 900002380299-5 -12/23/97--01046-016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~SHARPE, WILLIAM J.~~ ~~Carole Sue~~
9360 S. HWY 441
OCALA FL 34480

9. Name and Address of New Registered Agent

Name Carole Sue Watkins
Street Address (P.O. Box Number is Not Acceptable)
9360 S. Hwy. 441 #12
Suite, Apt. #, Etc.
City Ocala State FL Zip Code 34480

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

Carole S Watkins

REGISTERED AGENT MUST SIGN

Date 12/18/97

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:

Carole S Watkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/97 352-245-3330
Date Daytime Phone #

FILED

97 DEC 19 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

CR2E040 (3/97)