

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 21 AM 10:20

DOCUMENT # L03000041649

1. Limited Liability Company's Name

Sharpe Family, LLC

~~10/21/05 01026 002 \*\*200.00~~

500060852735  
10/21/05--01026--002 \*\*200.00  
CR2E041 (8/05)

2. Principal Office Address

1900 Glades Rd.

Suite, Apt. #, etc.

Suite 401

City & State

Boca Raton, FL

Zip

33431

Country

US

3. Mailing Office Address

1900 Glades Rd

Suite, Apt. #, etc.

Suite 401

City & State

Boca Raton, FL

Zip

33431

Country

US

4. State/Country of Formation

Florida

US

5. Date Organized or Qualified  
To Do Business in Florida

10/29/2003

6. FEI Number

20-3641945

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

David J. Menkhous

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

1900 Glades Rd

Suite, Apt. #, Etc.

Suite 401

City

Boca Raton

State

FL

Zip Code

33431

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/18/05

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Thomas L. Sharpe	555 SW 8 <sup>th</sup> Terrace	Boca Raton, FL 33486
M	Marcia Sharpe	555 SW 8 <sup>th</sup> Terrace	Boca Raton, FL 33486

REINSTATEMENT 04-05

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*[Signature]*

Date

10/18/05

Daytime Phone #

761-394-7910

Typed or printed name of signing Managing Member/Manager

Thomas L. Sharpe