

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000029112

Entity Name: F SHARP HOLDING CO., LLC

FILED
Oct 29, 2009
Secretary of State

Current Principal Place of Business:

2935 LAKE PINELoch BOULEVARD
ORLANDO, FL 32809

New Principal Place of Business:

1201 E. ROBINSON ST
ORLANDO, FL 32801

Current Mailing Address:

1011 NORTH WYMORE ROAD
WINTER PARK, FL 32789

New Mailing Address:

1201 E. ROBINSON ST
ORLANDO, FL 32801

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANK A. HAMNER, P.A.
1011 NORTH WYMORE ROAD
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

HARRIS, BRUCE M ESQ.
1201 E. ROBINSON ST
ORLANDO, FL 32801 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRUCE M. HARRIS

10/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHARP, FRANK J III
Address: 2935 LAKE PINELoch BOULEVARD
City-St-Zip: ORLANDO, FL 32809

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHARP, FRANK J III
Address: 1210 E. ROBINSON ST.
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Change (X) Addition
Name: HARRIS, BRUCE M
Address: 1201 E. ROBINSON ST.
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRANK J. SHARP

MGRM

10/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date