

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

16 MAR 28 AM 8:16

DOCUMENT # L-12000064896

1. Limited Liability Company's Name

SharCo Management Services, LLC

000283864150
03/28/16--01017--005 **660.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

4285 Las Palmas Way

Suite, Apt. #, etc.

3. Mailing Office Address

4285 Las Palmas Way

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34238

Country

USA

Zip

34238

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

05/09/12

6. FEI Number

45-5287248

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

Clark Galen

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

4285 Las Palmas Way

Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34238

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date 03/23/16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR.	Clark Galen	4285 Las Palmas Way	Sarasota, FL 34238

REINSTATEMENT 2013-2016

11. E-mail Address: clark.henry@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 03/23/16

Daytime Phone # 941-809-5092

Typed or printed name of signing authorized representative/member

Clark Galen