PLEASE READ ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.
A RUGATION CARE FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State Division of Componations	
DOCUMENT # L 47022	• \$96820 http://
Sharp Consultants Incorporated	常的情報。新聞
Principal Place of Business Mailing Address	
1222 Kenilworth Ave Charlotte, NC 282041222 Kenilworth Ave Charlotte, NC 28204	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 1222 Kenilworth Ave Suile, Apt. #, etc Suile, Apt. #, etc	Date Incorporated or Qualified To Do Business in Florida 1-29-90
Suile, Apt. #, etc. Suile, Apt. #, etc. City & State City & State Charlotte, NC Charlotte, NC	5 FEI Number Applied For 59-2989901 Not Applicable
28204 Country 28204 Country Mecklenbrg 28204 Mecklenburg	6. CERTIFICATE OF STATUS DESIRED S8.75 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 le Name of Officers and/or Directors Street Address of Each Officers Officer and/or Director (Florida nonprofit corporations must list at le Officer and/or Directors) Title(s) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at le Officer and/or Directors) Pres Jeffrey S. Beiser 7212 Governor's Covernor's Covernor'	ch or City / State / Zip Numbers) 4
2000027887320 -02/26/9901078005 *****308.75 *****308.75	
8. Name and Address of Current Registered Agent Jeffrey S. Beiser 7212 Governor's Row Charlotte, NC 28277 JANUSSUIE Apl #, Etc	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the	State FL Store 607 0505 FS
Signature of Figistered Agent	Date D. 73-UG
*11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes I No I (See other side for information on inlangible tax)	
12. I certify that I am an officer or director or the receiver or trusted 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: JEFFRE & S BEISCE 2/22/49 704-377-2345 SIGNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR S BEISCE 2/22/49 704-377-2345	

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SHARP CONSULTANTS, INC.

Residential investment Specialist

1222 KENILWORTH AVE CHARLOTTE, N.C. 28204 (704) 377-2345 FAX (704) 377-2222

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State of Florida Department of Corporation 409 E. Gaines Street Tallahassee, FL 32399

February 22, 1999

Enclosed find my application for reinstatement along with a check in the amount of \$308.75. Please allow a first time waiver on the reinstatement fee since I never received my 1998 renewal. Because of this I failed to send in my annual report.

I have also included a return Federal Express package to send the Certificate of Status to me.

If you have any questions please do not hesitate to contact me at 704 377-2345.

Sincerely, Jeffrey S. Beiser

President