

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000101789**

1. Corporation Name

**B & B SHARP, INC.**

Principal Place of Business

Mailing Address

655 PENSACOLA BEACH BLVD.  
PENSACOLA BEACH FL 32561

655 PENSACOLA BEACH BLVD.  
PENSACOLA BEACH FL 32561

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

**659 Pensacola Beach Blvd**

**659 Pensacola Beach Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Pensacola Fl.**

**Pensacola Beach Blvd**

City & State

City & State

**32561**

**Pensacola Beach Fl.**

Zip

Country

**ESA**

Zip

Country

**32561**

**ESA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/30/2000**

5. FEI Number

**59-3682207**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP	SHARP, ROBERT D	403 SOUTHERN CT.	GULF BREEZE FL 32561
P	SHARP, WILLIAM L	115 CROSS CREEK LANE	GADSDEN AL 35901

**400023862474**  
**10/16/03--01085--003 \*\*150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SHARP, ROBERT D**  
**703 SOUTHERN CT.**  
**GULF BREEZE FL 32561**

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

**REGISTERED AGENT MUST SIGN**

Date

**10-10-03**

11. 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**10-10-03 (850) 2343434**

CR2E040 (7/03)

To: Who it my concern  
From: Bob Sharp B.B Sharp Inc  
Subject; Notice of Administrative Dissolution or Revocation

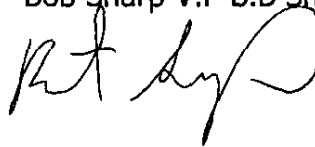
10-10-03

The mailing address for B.B Sharp Inc is incorrect on your form, there for we did not receive any of the prior UBR notices. The businesses down the way give me this present form. My correct address is.

**B.B Sharp Inc**  
**659 Pensacola Beach blvd.**  
**Pensacola Beach Fl 32516**

I called your office, the operator said to enclose \$150.00. if there are any questions please call me Bob Sharp (850) 934-3434 Thank you for your time with this matter.

Sincerely,  
Bob Sharp V.P B.B Sharp Inc.

A handwritten signature in black ink, appearing to read 'Bob Sharp', written over the typed name.