

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107267

1. Corporation Name

THE SHARP CAR STORE, INC

2. Principal Office Address

3941 W. STATE ROAD 46

Suite, Apt. #, etc.

City & State

SANFORD, FL

Zip

32771

Country

3. Mailing Office Address

3941 W. STATE ROAD 46

Suite, Apt. #, etc.

City & State

SANFORD, FL

Zip

32771

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2001

5. FEI Number

59-3680973

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHNSON, JULIE A.

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

4896 SHORELINE CIR

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Julie A. Johnson
REGISTERED AGENT MUST SIGN

Date 11-05-2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	JOHNSON, CRAIG S	4896 SHORELINE CIR	SANFORD, FL 32771

10. 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:

Craig S. Johnson

CRAIG S. JOHNSON

11-05-2003 407-936-0054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

7

3941 W. STATE ROAD 46
SANFORD, FLORIDA 32771



THE SHARP CAR STORE, INC

November 5, 2003

Florida Department of State
Secretary of State
Division of Corporation

Dear Sir or Madam:

I would like to request a waiver of any penalty on my uniform business report fee. I did not receive my UBR in the mail. I found today that my Corp. has been made inactive. I would like to request my corporation be reinstated at this time. I have enclosed an application for reinstatement and a check for the amount of \$150.00.

I appreciate all your help in this matter. Please call me if I have not provided you with adequate information or documentation at 407-936-0054.



Sincerely,


Craig S. Johnson,
DPT