

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P01000121052**

1. Corporation Name

SHARON'S DISTRIBUTORS, INC.

Principal Place of Business

1258 NORTHLAKE BLVD
LAKE PARK FL 33403

Mailing Address

1258 NORTHLAKE BLVD
LAKE PARK FL 33403

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/2001

5. FEI Number

16-1339029

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

03

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CAMARDELLO, MICHAEL	2912 NW 11TH AVE	WILTON MANORS FL 33311
V	FRANKEL, MARK	2912 NW 11TH AVE	WILTON MANORS FL 33311

900023982479
10/21/03-01118-023 **158.75

8. Name and Address of Current Registered Agent

FRANKEL, MARK
2912 NW 11TH AVE
WILTON MANORS FL 33311

9. Name and Address of New Registered Agent

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

Mark Frankel

REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

Mark Frankel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

561/844-5898

CR2E040 (7/03)

Mark Frankel, VP
Sharon's Distributors, Inc.
1258 Northlake Blvd
Lake Park, FL 33403
EIN#: 16-1339029

Florida Dept. of State
Division of Corporations
Tallahassee, FL 32314-6327

10/14/03

Dear Sirs;

This letter is to request that the reinstatement fee for our corporation be waived, as we did not receive any UBR notices other than the notice of dissolution.

We think that the reason we did not receive the prior notices is that our corporate name is different than our DBA name (Pet Supplies "Plus") and this can be confusing to the Postal Service. We have reviewed this with our postal carrier and hopefully the situation has been rectified. Thank you in advance for your consideration of this request.

Sincerely,



Mark Frankel, Vice President
Sharon's Distributors, Inc.
