

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 20 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0200005801

1. Corporation Name
Sharp Enterprises of Osceola County Florida Inc.

REINSTATEMENT 03-04

2. Principal Office Address

2747 Kissimmee Bay Cir
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Zip Country
34744 Osceola

4. Date Incorporated or Qualified
To Do Business in Florida

1/17/02

5. FEI Number

217-66-9410

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

Vickie Sharp

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

2747 Kissimmee Bay Cir

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

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

Vickie Sharp

Date

12/10/04

REGISTERED AGENT MUST SIGN

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
Treas	Richard A. Sharp Sr	2747 Kissimmee Bay Cir	Kissimmee FL 34744
VP	Vickie L. Sharp	SAME	SAME
Pres / sec.	Richard A Sharp Jr	180 Harwood Cir	Kissimmee FL 34744

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)(l), 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:

Vickie L Sharp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/04

Date

407-870-9220

Daytime Phone #

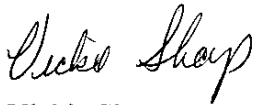
CR2E081 (01/04)

December 10, 2004

To Whom It May Concern:

My name is Vickie Sharp, of Sharp Entrprises of Osceola County Florida Inc. I am very sorry for the non-payment of the corporate filing fees. I moved from 2236 Acree Lane in November of 2002. I never received any notices or paperwork in regards to the business. Therefore I am requesting a waiver for the full amount. I am sending \$300.00 for the reinstatement of our corporation along with the proper form completed. I can assure you that this will never happen again. Please accept my apology.

Sincerely,

A handwritten signature in cursive script that reads "Vickie Sharp".

Vickie Sharp