


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000006707					
1. Corporation Name SHARPAW, INC.					
2. Principal Office Address 5060 HAWKS HAMMOCK WAY Suite, Apt. #, etc.		3. Mailing Office Address 5060 HAWKS HAMMOCK WAY Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 01/17/2002	
City & State SANFORD, FL		City & State SANFORD, FL		5. FEI Number 26-0035815	
Zip 32771	Country USA	Zip 32771	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name PAUL WHITING					
Street Address (P.O. Box Number is Not Acceptable) 5060 HAWKS HAMMOCK WAY					
Suite, Apt. #, Etc.					
City SANFORD, FL				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 				Date 04/19/06	
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	
P,D	PAUL WHITING	5060 HAWKS HAMMOCK WAY		SANFORD, FL 32771	
S,D,T	SHARON WHITING	5060 HAWKS HAMMOCK WAY		SANFORD, FL 32771	
D,VP	LANCE EQUIZI	5353 ELM COURT		ORLANDO, FL 32811-6740	
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 contained in Chapter 119, 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: 				Date 04/19/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	