

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 29 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000064670

1. Corporation Name

BOB SHERWOOD ENTERPRISES, INC

900024250579  
10/29/03--01041--002 \*\*150.00

**REINSTATEMENT 03**

2. Principal Office Address		3. Mailing Office Address	
289 BEVERLY RD Suite, Apt. #, etc.		289 BEVERLY RD Suite, Apt. #, etc.	
City & State		City & State	
WEST PALM BEACH, FL		WEST PALM BEACH, FL	
Zip	Country	Zip	Country
33405	PALM BEACH	33405	PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida		6/11/02
5. FEI Number	75-3065981	Applied For Not Applicable
6. CERTIFICATE OF		DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name		
ROBERT A SHERWOOD		
Street Address (P.O. Box Number is Not Acceptable)		
289 BEVERLY RD		
Suite, Apt. #, Etc.		
City		State
WEST PALM BEACH		FL
Zip Code		33405

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: 10/24/03

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.	ROBERT SHERWOOD	289 BEVERLY RD	WEST PALM BEACH, FL 33405

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 807.0401 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:

ROBERT SHERWOOD

10/24/03

Date

Daytime Phone #

CR02E081 (10/02)

2117

**C.R. COOPER, CPA, PA**  
5350 10<sup>TH</sup>. Ave. North, Suite 8  
Lake Worth, Florida 33463

American Institute of  
Certified Public Accountants

(561) 964-6927  
(561) 432-0008

Florida Institute of  
Certified Public Accountants

FAX (561) 433-3596

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October 23, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 6327  
Tallahassee, Florida 32314

Taxpayer: Bob Sherwood Enterprises, Inc  
Document #: P02000064670  
FEIN: 75-3065981  
Tax Form: UBR  
Tax Period: 2003

To Whom It May Concern:

We have enclosed check # 3179 in the amount of \$150.00 for the annual renewal of the above corporation.

Please abate the penalty as Mr. Sherwood did not receive the original UBR, and did not intentionally avoid the filing fee. The corporation is fairly new and, therefore, Mr. Sherwood is not completely familiar with the UBR.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,

  
C. R. Cooper, CPA

Encl.

cc