


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 FEB -6 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000100069

1. Corporation Name

Sharpe Construction Inc.

2. Principal Office Address - No P.O. Box #

218 Brookgreen Way

3. Mailing Office Address

218 Brookgreen Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Deland, FL

City &amp; State

Deland, FL

Zip

32724

Country

US

Zip

32724

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

9/16/2002

5. FEI Number

522377458

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

Keith H. Johnson, Attorney at Law

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

8810 Goodbys Executive Drive

Suite, Apt. # Etc.

Suite A

City

Jacksonville

State

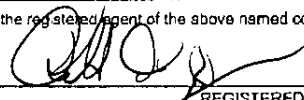
FL

Zip Code

32217

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 10/06/2008

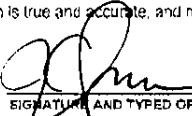
REGISTERED AGENT MUST SIGN

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
Pres	Joseph C. Sharpe	218 Brookgreen Way	Deland, FL 32724
			000143024260 02/06/09--01039--007 ***000.00

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 118, 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:



Joseph C. Sharpe

10/6/2008

386-235-3673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIVISION OF CORPORATIONS

On 6327

4 600.00

2006

2007

10000

150.00