

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 24 PM 12:19

DOCUMENT # **P02000107502**

1. Corporation Name

SHARON L. GUILLES, P.A.

Principal Place of Business

Mailing Address

5481 N. ANDREWS AVENUE
FT. LAUDERDALE FL 33309

5481 N. ANDREWS AVENUE
FT. LAUDERDALE FL 33309



100024074421

10/24/03--01016--029 **150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	GUILLES, SHARON L	5481 N. ANDREWS AVENUE	FT. LAUDERDALE FL 33309
VD	GUILLES, SHARON L	5481 N. ANDREWS AVENUE	FT. LAUDERDALE FL 33309

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUILLES, SHARON L
5481 N. ANDREWS AVENUE
FT. LAUDERDALE FL 33309

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Sharon L Guiles
5570 NE 28TH Ave
FL
FT LAUDERDALE
FL 33308

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharon L Guiles

10/17/03

954-822-7474

10/29/03

CR2EDM0 (7/03)

10/17/03

26

FLORIDA DEPARTMENT OF STATE
Division of Corp
P.O. Box 6327
Tallahassee, FL 32314

I have received my previous
documents as I have moved
several times in the last year.

I am sorry, could you change
your records to reflect my
new address.

Address
Change

Sharon Guiter
5570 HE 28TH AVE
FT LAUDERDALE FL 33308

I have included the \$150.00 fee.

If there is any question
or problem please call
me at 954-822-7474.

Thank you

Sharon