

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -9 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P03000136763*

1. Corporation Name

Sheridan Engineering Services, Inc.

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

3132 San Mateo St.

Suite, Apt. #, etc.

Suite 101

City & State

Clearwater FL

Zip

33759

Country

USA

3. Mailing Office Address

3132 San Mateo St.

Suite, Apt. #, etc.

Suite 101

City & State

Clearwater FL

Zip

33759

Country

USA

700144519117
02/26/09--01030--018 **150.00

REINSTATEMENT 05-09

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2004

5. FEI Number

80-0095340

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

8875 Audit and Fees required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William L. Sheridan

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

3132 San Mateo St.

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33759

☒ 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

William L. Sheridan

REGISTERED AGENT MUST SIGN

Date *2/1/2009*

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>President</i>	<i>William L. Sheridan</i>	<i>3132 San Mateo street</i>	<i>Clearwater, FL 33759</i>

700144519117
05/05/09--01042--026 **200.00

700144519117
12/09/09--01002--022 **408.75

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:

William L. Sheridan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/09

Daytime Phone #

727 656-9118

RH