

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

2007 APR 23 AM 10:02

SECRET  
TALLAHASSEE, FLORIDA



02072007 REIN-P CR2E098 (1/07)

4. FEI Number **54-2137096** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

POOTON, HARRY A  
9324 E. CRESCENT DRIVE  
INVERNESS, FL 34450

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$900.00**

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **POOTON, HARRY A**  
STREET ADDRESS **9324 E. CRESCENT DRIVE**  
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/20/07**

Daytime Phone #

**REINSTATEMENT**

**B 4/24/07**  
**06-07**

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
5050 W. TENNESSEE STREET  
TALLAHASSEE, FLORIDA 32399

STEPHEN C. YAGER - TAX & ACCOUNTING SERVICE  
P.O. BOX 1869  
INVERNESS, FL. 34451

re: The Sharp Corporation of Central Florida, Inc., #P03000148565

Dear FLORIDA DEPARTMENT OF STATE:

This letter is to inform the Florida Department of State that according to me and my clients records no corporate annual report was sent to either location to be filed. Since my client has never had this problem in this past we would appreciate the late penalty to be waived and the check inclosed in the amount of \$300.00 to be rendered paid in full for 2006 & 2007 and full reinstatement of this corporation. Thanks for your consideration..

Sincerely,

Stephen C. Yager  
Accountant