

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000035779

1. Corporation Name

SHARMAC & HESLOP Inc.

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

2475 Westmont Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Royal Palm Beach

City & State

Florida

Zip

33411

Country

Palm Beach

Zip

33411

Country

7. Name and Address of Current Registered Agent

Name

Sharon McGann

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

2475 Westmont Lane

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

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

S. McGann
REGISTERED AGENT MUST SIGN

Date 10/3/07

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	Sharon McGann	2475 Westmont Lane	Royal Palm Bch FL 33411
VP	Paul FARRIER	4491 N 3rd Ct	Plantation FL 33317
S	Raymond McGann	2475 Westmont Lane	Royal Palm Bch FL 33411
T	Merle Heslop	2475 Westmont Lane	Royal Palm Bch FL 33411

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:

S. McGann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/3/07

Daytime Phone #

07 OCT 10 AM 8:52

STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

2 (28) 2004

5. FEI Number

20-0771242

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.