# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Sep 23, 2007**
**Secretary of State**

DOCUMENT# P06000155442

**Entity Name:** SHARP MARINE MEDIC, INC.

**Current Principal Place of Business:**

1049 PRINCEWOOD DRV.
ORLANDO, FL 32810

**New Principal Place of Business:**

1841 BISCAYNE DRIVE
WINTERPARK, FL 32789

**Current Mailing Address:**

1049 PRINCEWOOD DRV.
ORLANDO, FL 32810

**New Mailing Address:**

1841 BISCAYNE DRIVE
WINTERPARK, FL 32789

**FEI Number: 20-8081854** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHARP, MICHAEL
1049 PRINCEWOOD DRV.
ORLANDO, FL 32810 US

**Name and Address of New Registered Agent:**

SHARP, MICHAEL L
1841 BISCAYNE DRIVE
WINTERPARK, FL 32789 US

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.

SIGNATURE: MICHAEL L SHARP 09/23/2007
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete
Name: SHARP, MICHAEL
Address: 1049 PRINCEWOOD DRV.
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete
Name: SHARP, MICHAEL
Address: 1049 PRINCEWOOD DRV.
City-St-Zip: ORLANDO, FL 32810

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition
Name: SHARP, MICHAEL L
Address: 1841 BISCAYNE DRIVE
City-St-Zip: WINTERPARK, FL 32789

Title: D (X) Change ( ) Addition
Name: SHARP, MICHAEL L
Address: 1841 BISCAYNE DRIVE
City-St-Zip: ORLANDO, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L SHARP D 09/23/2007
Electronic Signature of Signing Officer or Director Date