

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO7000082353

1. Corporation Name

Sharon E. Irons, Inc

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

471 Bimini Lane

Suite, Apt. #, etc.

City & State

Indian Harbor Bch, FL

Zip

32937

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

32937

Country

USA

7. Name and Address of Current Registered Agent

Name

Sharon E Irons

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

471 Bimini Lane

Suite, Apt. #, Etc.

City

Indian Harbor Bch

State

FL

Zip Code

32937

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

Sharon E Irons

REGISTERED AGENT MUST SIGN

Date 1/20/2010

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
<u>P</u>	<u>Sharon E. Irons</u>	<u>471 Bimini Lane</u>	<u>Indian Harbor Bch, FL 32937</u>

10. E-mail Address: dick.mullerinc@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

Sharon E. Irons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/2010

Daytime Phone #

FILED

10 APR 14 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-10

800167113528
04/14/10--01045--003 **150.00

800167113528
01/25/10--01054--018 **150.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

7/19/2007

5. FEI Number

26-2190693

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.