

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P37209**

1. Corporation Name

Sheram Enterprises, Inc.

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

571 A Haverty Ct

Suite, Apt. #, etc.

3. Mailing Office Address

228 Church St.

Suite, Apt. #, etc.

City & State

Rockledge, FL

City & State

Marietta, GA

Zip

32955

Country

Brevard

Zip

30060

Country

Cobb

7. Name and Address of Current Registered Agent

Name

Ken Gerdes

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

571 Haverty Ct

Suite, Apt. #, Etc.

A

City

Rockledge

State

FL

Zip Code

32955

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

Kenneth L. Gerdes

REGISTERED AGENT MUST SIGN

Date

4/9/07

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
CEO	Joseph R Sheram	228 Church St	Marietta, GA 30060
Pres.	Roy Sheram	228 Church St	Marietta, GA 30060
			B 4/14/07

REINSTATEMENT 09-07

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:

Roy Sheram

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/07 770-499-0499

Daytime Phone #

FILED

2007 APR 12 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100098007221
04/23/07--01022--028 **2265.00

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

58-1950039

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.