

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 24 PM 1:47

DOCUMENT # P93000000567

1. Corporation Name

The Sinclair Company

600122581786  
04/08/08--01029--015 \*\*1808.75

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

111 South Albany Avenue

Suite, Apt. #, etc.

#200

City & State

Tampa, Florida

Zip

33606

Country

USA

3. Mailing Office Address

111 South Albany Avenue

Suite, Apt. #, etc.

Suite #200

City & State

Tampa, Florida

Zip

33606

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/06/1993

5. FEI Number

59-3160157

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Herbert S. Clark, Jr.

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

111 South Albany Avenue

Suite, Apt. #, Etc.

Suite #200

City

Tampa

State

FL

Zip Code

33606

☐ 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.

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 03/31/2008

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	H.S. Burk Clark, Jr.	36 West Spanish Main St.	Tampa, FL 33609

REINSTATEMENT 01-08

B 4/24/08

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H.S. Burk Clark, Jr.

Date

03/31/2008

Daytime Phone #

813-259-9090