

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

2000 UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 10 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034835

1. Corporation Name

BILL SHARP & ASSOCIATES INC.

2. Principal Office Address

1406 RANCHO VILLAGE

Suite, Apt. #, etc.

N/A

City & State

GULF BREEZE FL.

Zip

32561

Country

SANTA ROSA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

City & State

SAME

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

03-02-93

5. FEI Number

59-318-4128

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875. Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM E. SHARP

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

1406 RANCHO VILLA DR.

Suite, Apt. #, Etc.

N/A

City

GULF BREEZE

State
FL

Zip Code

32561

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

W. E. Sharp

Date 01-07-01

REGISTERED AGENT MUST SIGN

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
PRES.	BILL SHARP	1406 RANCHO VILLA	GULF BREEZE FL.
V.P.	HAL COCHRAN	6401 SHACRED DR.	LITTLE ROCK AR. 72206
SEC.	BOB SHARP	9 NO STAR LOOP	HOLIDAY ISLAND TX 78631
TRES.	SICKY SHARP	3932 BURBON ST	HARLINGEN TX 78550

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 under section 119.07(3)(i), 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:

W. E. Sharp WILLIAM E. SHARP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-01

Date

(850)
934-6381

Daytime Phone #

CR2E081 (9/99)