

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071171

1. Corporation Name

THE SINCLAIR GROUP, INC.

Principal Place of Business

1304 DESOTO AVENUE  
SUITE 101  
TAMPA FL 33606

Mailing Address

1304 DESOTO AVENUE  
SUITE 101  
TAMPA FL 33606

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/28/1994

5. FEI Number

59-3269797

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

P

CLARK, HERBERT S JR

4509 BEACHWAY DR

TAMPA FL 33609

900008787529  
11/04/02--01079--017 \*\*750.00

8. Name and Address of Current Registered Agent

LUBRANCO, ANDREW J  
1304 DESOTO AVENUE  
SUITE 101  
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

Susan. Makell Clark

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

1304 DeSoto Ave.

Suite, Apt. #, Etc.

# 101

City

Tampa

State

FL

Zip Code

33606

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/30/02

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 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:

*[Signature]*  
President  
Herbert S. Clark Jr 10/30/02 813-259-9090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)