

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 19 AM 11:17

DOCUMENT # P96000008024

1. Corporation Name

BENNY SHARP AND ASSOCIATES, INC.

Principal Place of Business

5275 WASHAKIE TRAIL
BRIGHTON MI 48116
US

Mailing Address

5275 WASHAKIE TRAIL
BRIGHTON MI 48116
US

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

01/25/1996

5. FEI Number

65-0637338

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SHARP, RICHARD L	1000 COLONY POINT CIRCLE, #319	PEMBROKE PINES FL 33028
S	SHARP, SHIRLEY J	5275 WASHAKIE TRAIL	BRIGHTON MI 48116

600003028716--9
-10/27/99--01078--024
****750.00 ****750.00

10/22

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHARP, RICHARD L
1000 COLONY POINT CIRCLE
#319
PEMBROKE PINES FL 33028

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Richard L. Sharp
REGISTERED AGENT MUST SIGN

Date OCT 13 1999

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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Richard L. Sharp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 13 1999

Date

(810) 227-1890
Daytime Phone #