

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019038

1. Corporation Name

SHARPIE'S, INC.

Principal Place of Business

13101 W SUNRISE BLVD  
SUNRISE FL 33323

Mailing Address

13101 W SUNRISE BLVD  
SUNRISE FL 33323

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

REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

02/28/1996

5. FEI Number

65-0647648

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>DP</del>	<del>ZITNICK, STEVE</del>	<del>3120 W HALLANDALE BEACH BLVD</del>	<del>HALLANDALE FL 33009</del>
DP	ZITNICK, MICHAEL	5125 SW 87TH AVE	COOPER CITY, FL 33328

800024340508

10/31/03 01006 006 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ZITNICK, STEVE~~

~~13101 W SUNRISE BLVD~~  
~~SUNRISE FL 33323~~

Name

Zitnick, MICHAEL

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

13101 W SUNRISE BLVD

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33323

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

REGISTERED AGENT MUST SIGN

Date 10-28-03

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:

MICHAEL Zitnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-03

Date

854-845-0999

Daytime Phone #

CR2E040 (7/03)