

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

APPLICATION FOR REINSTATEMENT

Jim Smith
Secretary of State

CORPORATIONS

FILED

02 OCT 28 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074260

1. Corporation Name
SHARON A. BRESNICK, P.A.

Principal Place of Business Mailing Address
603 SHERWOOD DRIVE 603 SHERWOOD DRIVE
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/03/1996	
City & State		City & State		5. FEI Number	
Zip		Country		59-3396209	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	BRESNICK, SHARON A	603 SHERWOOD DRIVE	ALTAMONTE SPRINGS FL 32701

200008625062
10/28/02--01079--017 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
BRESNICK, SHARON A 603 SHERWOOD DRIVE ALTAMONTE SPRINGS FL 32701		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City		State	Zip Code
		FL			

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: SHARON A. BRESNICK REGISTERED AGENT MUST SIGN Date: Oct 22, 2002

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)(l), 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 OF BRESNICK Date: Oct 22, 2002 Daytime Phone #: 407-2608355

CR2E040 (802)



Sharon Bresnick, P.A.
GRI-Graduate Realtor Institute • CRS-Certified Residential Specialist
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Message Line (24 Hours)	(407) 260-8355
Office	(407) 331-7600
Cell	(407) 925-4726
Fax	(407) 331-9681
Toll Free	1-800-407-7601
E-Mail	sharonbgif@aol.com

Real Estate Professionals of America
460 East Semoran, Suite-104 • Casselberry, Florida 32707

Dear Department of State,

Here is the money for my filing fee. I have not received any previous notices of this.

Sincerely,
Sharon Bresnick PA
407-260-8355