

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 14 AM 8:00

REINSTATEMENT 03-04

DOCUMENT #

946000084826

1. Corporation Name

Sherman Investments INC

2. Principal Office Address

3100 N Andrews Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3100 N Andrews Ave

Suite, Apt. #, etc.

City & State

Oakland Park, FL

City & State

Oakland Park, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/96

5. FEI Number

593408887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Scott Sherman

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

3100 N Andrews Ave

Suite, Apt. #, Etc.

City

Oakland Park

State

FL

Zip Code

33309

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

REGISTERED AGENT MUST SIGN

Date

1/8/04

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
P	Scott Sherman	3100 N Andrews Ave	Oakland Park, FL 33309

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/04 9546151515

CR2E081 (10/02)

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SHERMAN INVESTMENT'S INC
3100 N ANDREWS AVE
OAKLAND PARK, FL 33309

JANUARY 8, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

RE: CORPORATION REINSTATEMENT
DOC# P96000084826

DEAR DIVISION OF CORPORATIONS:

I'M REQUESTING REINSTATEMENT FOR SHERMAN INVESTMENT'S INC AND WAIVING OF REINSTATEMENT FEES. SHERMAN INVESTMENT'S MOVED IN JUNE OF 2002 AND THE ANNUAL REPORT FOR 2003 WAS NEVER RECEIVED.

ATTACHED IS THE CORPORATION REINSTATEMENT FORM ALONG WITH A CHECK FOR \$300 WHICH COVERS YEARS 2003 & 2004.

I'VE BEEN MADE AWARE THAT IN THE FUTURE ANNUAL REPORTS WILL NO LONGER BE MAILED AND IT WILL BE CORPORATIONS RESPONSIBILITY TO FILE ANNUAL REPORTS.

ONCE AGAIN I ASK FOR YOUR CONSIDERATION AS TO THE CIRCUMSTANCES AND TO PLEASE WAIVE ALL REINSTATEMENT FEES.

YOUR'S TRULY,


SCOTT SHERMAN
PRESIDENT