

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 17 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000065571

1. Corporation Name

A Sharpening Center, Inc.

2. Principal Office Address

4890-22nd Ave N

Suite, Apt. #, etc.

#2

City & State

Clearwater, FL

Zip

33762

Country

USA

3. Mailing Office Address

4890-22nd Ave N

Suite, Apt. #, etc.

#2

City & State

Clearwater, FL

Zip

33762

Country

USA

600014241796

03/17/03--01053--009 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

Thomas J Pridham

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

12399-69th St

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33773

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

Thomas Pridham

REGISTERED AGENT MUST SIGN

Date 3/13/03

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
PSD	Thomas Pridham	12399-69th St	Largo, FL 33773

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:

Thomas Pridham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/13/03

Daytime Phone #

727-344-6275

CR2E081 (10/02)

## **A Sharpening Center**

**4890 – 122<sup>nd</sup> Avenue N, #2**

**Clearwater, Florida 33762**

**Phone (727) 344-6275 Fax (727) 561-0928**

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March 14, 2003

Florida Department of State  
Jim Smith  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Mr. Smith:

Please find enclosed our Application for Reinstatement and Annual Report fee for A. Sharpening Center, Inc.

We did not receive the original UBR filing report and along with having financial difficulties, and selling our building, we did not receive any other notifications.

We are now in the process of rebuilding the company and ask that you forego the penalties associated with late filing. If you have any questions, please call me at (727) 344-6275.

Thank you for your assistance.

Sincerely yours,



Andrea M. Robbins  
Operations Manager