

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

|                                        |  |                                                                                   |
|----------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P97000072139                |  |  |
| 1. Entity Name<br>SHARON T. RING, P.A. |  |                                                                                   |

|                                                                          |                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br>927 SW 35TH CT<br>BOYNTON BEACH, FL 33425 | Mailing Address<br>927 SW 35TH CT<br>BOYNTON BEACH, FL 33425 |
|--------------------------------------------------------------------------|--------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

FILED  
04 NOV 19 AM 10: 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10182004 REIN-P CR2E098 (6/04)

|                                                                      |  |                                                        |
|----------------------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br>65-0802284                                          |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> |  | \$8.75 Additional Fee Required                         |

|                                                                                                                |  |                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>RING, SHARON T<br>927 SW 35TH CT<br>BOYNTON BEACH, FL 33425 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
|----------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sharon T. Ring DATE: 11-1-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                                                          |  |
|------------------------------------------------------------------------------------------|--|
| <b>FILE NOW!!! FEE IS \$750.00</b><br><b>After January 1, 2005, Fee will be \$900.00</b> |  |
|------------------------------------------------------------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                 |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPST<br>RING, SHARON T<br>927 SW 35TH CT<br>BOYNTON BEACH, FL 33425 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 700042904367<br>11/19/04--01054--006 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 700042904367<br>11/19/04--01054--007 **8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon T. Ring DATE: 11-1-04 DAYTIME PHONE: 561-738-0892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 1, 2004

Division Of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Sharon T. Ring P. A.  
Ref. Number: P 97000072139

To Whom It May Concern:

Enclosed please find check for corporation filing fee as per my phone conversation with your office. As I did not receive a letter due to the hurricanes and your office did not receive my filing fee, I was informed that I needed to send \$150.00 and my annual report to your office and that the penalty is waived.

I have enclosed both items in order to keep my active status

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Sharon T. Ring".

Sharon T. Ring