

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV -1 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000083938

1. Corporation Name

SHEACARE & SHARE, INC.

2. Principal Office Address

640 S.E. FIRST STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MELROSE-FL

Zip

32666

Country

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/28/98

5. FEI Number

59-3536409

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

Beverly A. Shea

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

640 S.E. First Street

Suite, Apt. #, Etc.

City

Melrose

State

FL

Zip Code

32666

000061084430

11/01/05--01062--010 **1350.00

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

10/31/05

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 |
|--------|--------------------------------------|---|--------------------|
| D | Beverly A. Shea | 640 S.E. First Street | Melrose, FL 32666 |
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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:

Beverly A. Shea

352-316-5949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)