

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 19 PM 5:03

DOCUMENT # P99000110200

1. Corporation Name

SHARON S. JONES, P.A.

2. Principal Office Address

25400 Southwest 139th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 924292

Suite, Apt. #, etc.

City & State

Homestead, Fl. 33032

City & State

Homestead, Fl. 33092-4292

Zip

33032

Country

USA

Zip

33092-4292

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12-22-1999

5. FEI Number

65-0991654

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

Sharon S. Jones

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

25400 Southwest 139th Ave.

Suite, Apt. #, Etc.

City

Homestead

State  
FL

Zip Code  
33132

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

Date 12-17-2001

REGISTERED AGENT MUST SIGN

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,D,S	Sharon S. Jones	25400 Southwest 139th Ave.,	Homestead, Fl. 33032

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

12-17-2001

Daytime Phone #

305-441-9030

CR2E081 (9/00)

LAW OFFICES  
**SHARON S. JONES**  
25400 SOUTHWEST 139<sup>TH</sup> AVENUE  
HOMESTEAD, FLORIDA 33082

MAILING ADDRESS  
PO BOX 924292

HOMESTEAD, FLORIDA 33092-4292

SHARON S. JONES  
MEMBER OF FLORIDA & WISCONSIN BARS

TELEPHONE (305) 441-9030  
TELEFAX (305) 258-2160

December 17, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Professional Association  
Document # P99000110200  
Sharon S. Jones, P.A.

Dear Sirs:

This is to request reinstatement for the above corporation.

It was formed on December 22, 1999. At that time, my address was 3001 Ponce de Leon Blvd., Suite 262, Coral Gables, Fl., 33134.

Thereafter, I moved my office to the above referenced address.

When I moved I filled a change of address with the Coral Gables Post Office.

I never received any forwarded mail, although I filed several change of address forms. After an extensive inquiry, I was told that my prior office had several attorneys and that no mail service was provided to individual names. Instead, the mail for the office was "bundled" for the address. Because of this, the U.S. Post Office will not forward first class or any other type of mail to me. It took quite a long time for me to get these facts.

In the confusion, I forgot that a report for my corporation would be due and I did not receive any of the usual forms that are sent out for this purpose or any other notification.

Enclosed is a completed Corporate Reinstatement form, and my check for \$150 plus \$8.75 for reinstatement and a Certification of Status. Please do not hesitate to call me if you have any questions for further instructions.

Sincerely,

  
Sharon S. Jones