

**2021 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P19000004343

**Entity Name:** SHARON LEWIS P.A.

**Current Principal Place of Business:**

2601 N ROCK ISLAND RD  
201  
MARGATE, FL 33063

**Current Mailing Address:**

2601 N ROCK ISLAND RD  
201  
MARGATE, FL 33063 US

**FEI Number:** 83-3202817

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEWIS, SHARON  
2601 N ROCK ISLAND RD  
201  
MARGATE, FL 33063 US

*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.*

**SIGNATURE:** SHARON LEWIS

02/01/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LEWIS, SHARON  
Address 2601 N ROCK ISLAND RD SUITE 201  
City-State-Zip: MARGATE FL 33063

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHARON LEWIS

MGR

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Date