

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000023617

**FILED**  
**Aug 03, 2012**  
**Secretary of State**

**Entity Name:** SHARMA FACIAL PLASTIC SURGERY INC

**Current Principal Place of Business:**

6301 COLLINS AVE  
1601  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 237  
WALDWICK, NJ 07463

**New Mailing Address:**

**FEI Number:** 26-4451092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VIJAY, SHARMA  
6301 COLLINS AVE  
1601  
MIAMI BEACH, FL 33141 US

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

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: VIJAY SHARMA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHARMA, VIJAY  
Address: 6301 COLLINS AVE #1601  
City-St-Zip: MIAMI BEACH, FL 33141 US

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: VIJAY SHARMA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

08/03/2012

\_\_\_\_\_  
Date