PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P96000052222 DOCUMENT #

1. Corporation Name

RAKESH K. SHARMA, M.D., P.A.

Principal Place of Business

Mailing Address

12012 ANCHOR WAY

SIGNATURE:

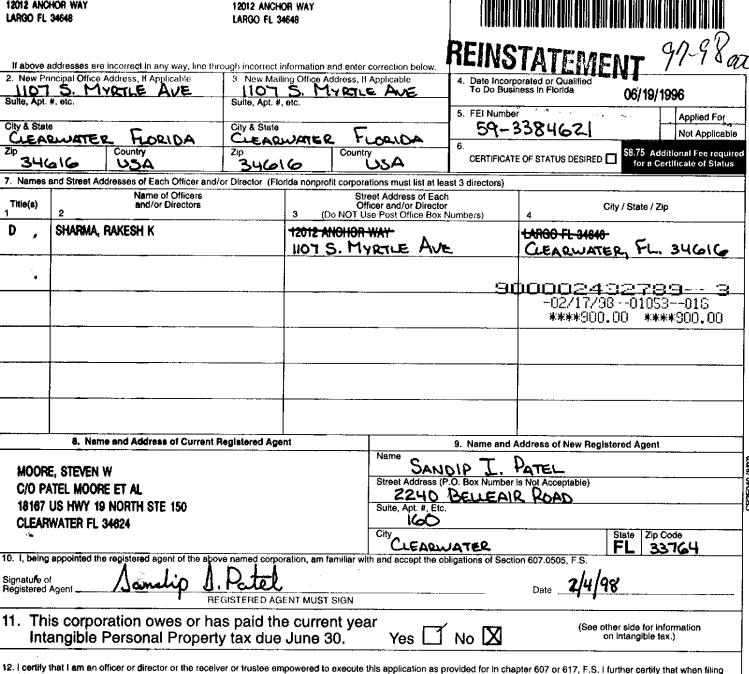
SIGNATURE



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

441-8663



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

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.