

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 13 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000052222

1. Corporation Name

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

Principal Place of Business

Mailing Address

12012 ANCHOR WAY
LARGO FL 34648

12012 ANCHOR WAY
LARGO FL 34648

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1107 S. MYRTLE AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
1107 S. MYRTLE AVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1996

City & State
CLEARWATER FLORIDA

City & State
CLEARWATER FLORIDA

5. FEI Number

59-3384621

Applied For

Not Applicable

Zip Country
34616 USA

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34616 USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SHARMA, RAKESH K	12012 ANCHOR WAY 1107 S. MYRTLE AVE	LARGO FL 34648 CLEARWATER, FL. 34616
			9000002432789-3 -02/17/98--01053--016 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

MOORE, STEVEN W
C/O PATEL MOORE ET AL
18187 US HWY 19 NORTH STE 150
CLEARWATER FL 34624

9. Name and Address of New Registered Agent

Name SANDIP I. PATEL
Street Address (P.O. Box Number Is Not Acceptable)
2240 BELLEAIR ROAD
Suite, Apt. #, Etc. 160
City CLEARWATER
State FL Zip Code 33764

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Sandip I. Patel

REGISTERED AGENT MUST SIGN

Date 2/4/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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

Daytime Phone #

2/4/98 441-8663

CR20040 (8/97)