

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1062

CORPORATION IN
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katharine Harris

Secretary of State

SICILY CORPORATIONS

01 JAN 12 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P970000 110515

1. Corporation Name

HARSH SHARMA, M.D., INC.

2. Principal Office Address

950 FIFTH AVE NORTH

Suite, Apt. #, etc.

City & State

NAPLES FLORIDA

Zip

34102

Country

USA

3. Mailing Office Address

P.O. Box 3454

Suite, Apt. #, etc.

City & State

UNION, NJ

Zip

07083

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

FEB. 1997

5. FEI Number

59-3425336

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HARSH SHARMA

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

950 FIFTH AVENUE NORTH

Suite, Apt. #, Etc.

City

NAPLES, FLORIDA

State

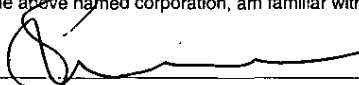
FL

Zip Code

34102

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



REGISTERED AGENT MUST SIGN

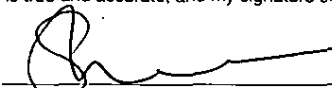
Date 12/10/2000

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
Pres.	SHARMA HARSH	950 FIFTH AVE NORTH	NAPLES FLORIDA 34102
			400003568224-0 01/24/01-01002-012 ***150.00 ***150.00

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)(l), 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:



HARSH SHARMA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/2000

Date

(908) 810 0090

Daytime Phone #

CR2E081 (9/99)

20/2

Harsh Sharma, M.D., Inc.

P O Box 3454, Union, New Jersey 07083

December 12, 2000

Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida-32314

Re: Harsh Sharma, MD, Inc. # 59-3425336

Dear Sir or Madam:

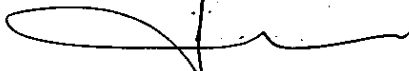
This is to request that the above corporation may please be reinstated. Upon checking your Internet web site, I was made aware that the corporation has an inactive status. We had not received any forms or notices informing us of the dissolution nor did we receive any forms for filing.

This is an oversight and we do apologize for the delay. We would greatly appreciate if the corporation is not penalized or dissolved based on the above grounds. I am enclosing the form for your review along with the check for \$ 150.00 as corporation fees. In addition, I would greatly appreciate if the address is corrected as above.

If there are any additional questions, please do not hesitate to contact me at your convenience.

Thank you,

Sincerely,



Himanshu Sharma