

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB -7 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000044972**

1. Corporation Name

**SHARON'S SOLUTION, INC.**

Principal Place of Business

4930 MONROE ST  
HOLLYWOOD FL 33021  
US

Mailing Address

4747 HOLLYWOOD BLVD  
#136  
HOLLYWOOD FL 33021  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

05/19/1998

5. FEI Number

65-0838164

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip   |
|---------------|---|--|---|
| D             | NITZBERG, SHRAON                          | 4930 MONROE ST   | HOLLYWOOD FL 33021  |
|               |   |  | 400005064734--2<br>-03/07/02--01061--001<br>****150.00 ****150.00 |
|               |   |  | 400005064734--2<br>-03/07/02--01061--002<br>****750.00 ****750.00 |
|               |   |  |   |
|               |   |  |   |
|               |   |  |   |

8. Name and Address of Current Registered Agent

NITZBERG, SHARON  
4930 MONROE ST  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Sharon W. Nitzberg*  
REGISTERED AGENT MUST SIGN

Date

Oct 15, 2001

11. 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:

*Sharon W. Nitzberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)

Oct 15, 2001 962-2733

CPRE040 (8/01)