

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -4 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S58981

1. Corporation Name

Aryama D. Sharma, M.D. P.A.

2. Principal Office Address

260 S.W. 84th Avenue

Suite, Apt. #, etc.

Suite A

City & State

Plantation, FL

Zip

33324

Country

US

3. Mailing Office Address

260 S.W. 84th Avenue

Suite, Apt. #, etc.

Suite A

City & State

Plantation, FL

Zip

33324

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

06-07-1991

5. FEI Number

65-0271963

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

400020513874

06/04/03--01030--006 **308.75

7. Name and Address of Current Registered Agent

Name

Aryama D. Sharma

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

260 S.W. 84th Avenue

Suite, Apt. #, Etc.

Suite A

City

Plantation

State
FL

Zip Code
33324

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

Aryama Sharma

REGISTERED AGENT MUST SIGN

Date

5/29/03

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
P	Aryama D. Sharma	260 S.W. 84th Avenue, Suite A	Plantation, FL 33324

REINSTATEMENT

02-03

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)(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:

Aryama Sharma

ARYAMA SHARMA

Date

5/29/03 (954)382 0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (10/02)